FAMILY CORE
Section I--FAMILY RELATIONSHIPS and VERIFICATION OF DEMOGRAPHIC INFORMATION

Questions FID.020--FID.090 asked only of multi-family households. Single family households begin at FID.100.

FID.020   **FR: ENTER THE FAMILY NUMBER OF THE FAMILY YOU WISH TO INTERVIEW.**

>**FAMINT**<   Family number: _____
                    (N) No one is available to interview now.

FID.030   [If one person family]
               FR: READ IF NECESSARY:
                    I would like to speak with {you/name}. {Are/Is} {you/he/she} available?
               FR: READ IF NECESSARY:
                    I would like to speak with someone in this family , preferably an adult who is
                    knowledgeable about the family's health, to complete the interview for their family. Is
                    {READ NAMES FROM ROSTER} available?

>**FAMNEW**<   (1) Yes, continue with Family section. (FID.045)
                (2) No, arrange a callback (FID.035)

FID.035   I need to call back to finish this family's interview. What date and time would be best?
>**ARRANGE1**<

               FR: TODAY IS {day and date in words}. ENTER CALLBACK DATE AND TIME, OR ENTER (A)
               FOR ANYDAY/ANYTIME, OR ENTER (N) IF CALLBACK BEFORE CLOSEOUT IS NOT
               POSSIBLE.

<u>Check item:</u>   If a callback cannot be arranged at FID.035, goto FID.040; Else goto FID.020.

FID.040
>**FAMNON1**<   **FR: SPECIFY WHY THIS FAMILY'S INTERVIEW CANNOT BE COMPLETED BEFORE**
               CLOSEOUT.

FID.045
>**RELRESP**<   **FR: ENTER THE LINE NUMBER OF THE PERSON YOU ARE SPEAKING TO.**
>**RELRESP_A**< [Enter Person #] [ ]

<u>Check item:</u>   If RELRESP_A is 14-17 years old goto RELRESP_B; Else to to FID.050.

>**RELRESP_B**< You have selected a person less than 18 years old. Is this correct, and is individual an
               emancipated minor?
FID.050   (1) Yes, accept this person (FID.050)
               (2) No, select another person (FID.045--RELSRESP_A)

               FR: {RELRESP@A} HAS BEEN SELECTED AS THE FAMILY REFERENCE PERSON FOR
               THIS FAMILY. IS THIS FAMILY MEMBER AN APPROPRIATE CHOICE? PREFERABLY A
               CIVILIAN ADULT?

>FAMREF_A<   (1) Yes, accept this person (FID.060)
                  (2) No, select another person (FID.050--FAMREF_B)

>FAMREF_B<   [Enter Person #]   [ ]

Check item: If the person number at FID.050--FAMREF_B is 14 to 17 years goto FID.050--FAMREF_C; Else goto FID.060.

>FAMREF_C<   You have selected a person less than 18 years old. Is this correct and is individual an emancipated minor??
                  (1) Yes, accept this person (FID.060)
                  (2) No, select another person (FID.050--FAMREF_A)

FID.060   What is {PX-name's/your} relationship to {FRP-name/you}?
                FR: SHOW FLASHCARD H3.

>FRPREL<

(2) Spouse (husband/wife) (FID.064)	(10) Aunt/uncle
(3) Unmarried partner (FID.064)	(11) Niece/nephew
(4) Child (biological/adoptive / in-law/step/foster) (FID.070)	(12) Other relative
(5) Child of partner	(13) House-mate / Roommate
(6) Grandchild	(14) Roomer/Boarder
(7) Parent (biological/adoptive / in-law/step/foster) (FID.080)	(15) Other nonrelative
(8) Brother/sister (biological/adoptive/ in-law/step/Foster) (FID.090)	(16) Legal guardian
(9) Grandparent (grandmother/father)	(17) Ward
	(97) Refused
	(99) Don't know

                                      (all others goto Check item)

Check item: At FID.060 for responses of 13-15 goto FID.063; if there are no more persons goto FID.100; Else goto FID.060.

FID.063   Is {name} a relative of {rpname}?
>FRPREL_C<   (1) Yes, they are relatives, select relationship again (FID.060)
                  (2) No, they are not relatives (HHC.100)

Check Item: Persons must be at least 14 years old to be spouses/partners of each other. If age is less than 14, FR must choose another relationship category.

Check Item: If 2 spouses/unmarried partners are indicated for reference person, goto FID.064. Else goto Check Item.

FID.064   I have recorded that (1ˢᵗ spouse/partner, 2ⁿᵈ spouse/partner) are the spouses or unmarried partners of (reference person). Which one is correct?

>SPOUSCK2<

(1)   {1st spouse/partner} is the correct spouse/partner. Change relationship entry of {2nd spouse/partner}. (FID.060)

(2)   {2nd spouse/partner} is the correct spouse/partner. Change relationship entry of {1st spouse/partner}. (FID.068)

FID.068
>SPOUSCG2< **FR:**   **USING THE F1 KEY, BACKUP TO {fill name of 1st spouse/partner} AND CHANGE RELATIONSHIP TO FAMILY REFERENCE PERSON. WHEN FINISHED, PRESS F3 TO JUMP FORWARD.**

FID.070   Is {PX-name} {FRP-name}'s biological, adoptive, step, foster {son/daughter} or {son/daughter}-in-law?

>FDEGREE1<   (1) Biological [fill son/daughter]   (5)[fill son/daughter]-in-law
(2) Adoptive [fill son/daughter   (7) Refused
(3) Step [fill son/daughter]   (9) Don't know
(4) Foster [fill son/daughter]

FID.075
>**BIOCKF1**<   You said that {you are/{name's} is} {subject names}'s biological {mother/father}.

There are only {1-11} years age difference between {you/them}.
OR
However,{you are/{name's}and {subject names}'s biological {mother/father} are the same age.
OR
However {subject names}'s biological {mother/father}i s {1-11 years} younger than {you are/{name's} is}.

Is this relationship correct?

(1) Yes, continue the interview (FID.100)
(2) No, change relationship (FID.070)

Check item: At FID.070 if there are no more persons, goto FID.100; Else goto FID.060 for the next person in the family.

FID.080   Is {PX-name} {FRP-name}'s biological (natural), adoptive, step, or foster {mother/father} or {mother/father}-in-law?

>FDEGREE2<   (1) Biological [fill mother/father]   (5)[fill mother/father]-in-law
(2) Adoptive [fill mother/father]   (7) Refused
(3) Step [fill mother/father]   (9) Don't know
(4) Foster [fill mother/father]

FID.085
>**BIOCKF2**< You said that {you are/{name's} is} {subject names}'s biological {mother/father}.

There are only {1-11} years age difference between {you/them}.
                                OR
However,{you are/{name's}and {subject names}'s biological {mother/father} are the same age.
                                OR
However {subject names}'s biological {mother/father}i s {1-11 years} younger than {you are/{name's} is}.

Is this relationship correct?

(1) Yes, continue the interview (FID.100)
(2) No, change relationship (FID.070)

Check item: At FID.080 if there are no more persons, goto FID.100; Else goto FID.060 for the next person in the family.

FID.090 Is {PX-name} { RP-name}'s full, half, adoptive, step, or foster {brother/sister} or {brother/sister}-in- law?

>**FDEGREE3**<   (1) Full [fill brother/sister]   (5) Foster [fill brother/sister]
           (2) Half [fill brother/sister]   (6) [fill brother/sister]-in-law
           (3) Adopted [fill brother/sister]   (7) Refused
           (4) Step [fill brother/sister]   (9) Don't know

Check item: At FID.090 if there are no more persons, goto FID.100; Else goto FID.060 for the next person in the family.

FID.100 I have recorded that {your/subject} name is {fill name}, {you/subject} are {fill sex}, {fill age} years old, and born on {fill Date of Birth}. Your national origin is {fill HISPAN} and your race {is/are} {fill from RACE}.

>**HHCHANGE**< Is this information correct?

(1)Yes (goto check itemFIDCCI3--check item prior to FID.250)
(2) No, correction(s) needed/more corrections needed (goto FID.110)

FID.110 Change(s) needed for {name}   @
(M) Mistake -- No correction needed

  CWHAT_A (1) Name   **CWHAT_D** (4) National origin
  CWHAT_B (2) Age or DOB   **CWHAT_E**(5) Race
  CWHAT_C (3) Sex

Check item CHG_LOOP:

        If CWHAT_A eq <X> [goto FID.120]; If CWHAT_B eq <X> [goto FID.125]; If CWHAT_C eq <X> [goto FID.180]; If CWHAT_D eq <X> [goto FID.190]; If CWHAT_E eq <X> [goto FID.220]; If CWHAT@ eq <M> [goto FID.100];

        When all items needing change are corrected, goto FID.100 for the next family member. When no more eligible persons in the family, goto FIDCCI3 (check item prior to FID.250).

FID.120   What is {name}'s correct name?
>CHG_FNAME<   FIRST NAME: _____
>CHG_MNAME<   MIDDLE NAME: _____
>CHG_LNAME<   LAST NAME: _____

FID.125   What is {your/name's} correct date-of-birth? Please give month, day, and year for the date of birth.

>CHG_AGEDOB<

(1) January	(5) May	(9) September
(2) February	(6) June	(10) October
(3) March	(7) July	(11) November
(4) April	(8) August	(12) December
	(97) Refused	(99) Don't know

>CHG_AGE_1<   _____Age/ Number
>CHG_AGE_2<   _____Time Period
        (1) Day(s)
        (2) Week(s)
        (3) Month(s)
        (4) Year(s)

Date of Birth:
>CHG_AGE_3<   MONTH: _____
>CHG_AGE_4<   DAY:_____
>CHG_AGE_5<   YEAR: _____

Check item CAGECAL1:

        CAGECAL1 takes the information entered in CAGEDOB@1 and CAGEDOB@2 and calculates an age, which is stored in C_AGE1.
        If CAGEDOB@2 eq <1> then C_AGE1 eq <CAGEDOB@1/365>;
        If CAGEDOB@2 eq <2> then C_AGE1 eq <CAGEDOB@1/52>;
        If CAGEDOB@2 eq <3> then C_AGE1 eq <CAGEDOB@1/12>;
        If CAGEDOB@2 eq <4> then C_AGE1 eq <CAGEDOB@1>;
        Round C_AGE1 down to the lowest whole number (drop the decimal); [goto CAGECAL2]

Check item CAGECAL2:

CAGECAL2 takes the date-of-birth information entered in CAGEDOB and calculates and age. That age is stored in C_AGE2.

If not enough DOB information was given to calculate an age, "D" will be assigned to C_AGE2, and CAPI will employ several strategies to calculate the age. Which strategy section will be used depends on which part of DOB (month, day year) is missing and how much more information the Respondant can provide.

Check item CAGECK:

CAGECK compares the two ages calculated in CAGECAL1 and CAGECAL2. C_AGE1 and C_AGE2 will either contain an age, or "D" if an age could not be calculated. There are 2 main sections to CAGECK, numbered below. If an age was not given at CAGEDOB section 1 will be used. If an age was given at CAGEDOB section 2 will be used.

FID.130   There is a difference between the age the computer calculated from {your/name's} date-of-birth and the age that you gave me. I recorded {your/name's} date-of-birth as {BMONTH in words}/{BDAY}/{BYEAR}. Is that {your/name's} correct date-of-birth?

CDOBVER<   (1) Yes (Goto CHG_LOOP)   (2) No (Goto FID.135)

FID.135   What is {your/name's} correct date-of-birth?
(1) January	(5) May	(9) September
(2) February	(6) June	(10) October
(3) March	(7) July	(11) November
(4) April	(8) August	(12) December
	(97) Refused	(99) Don't know

>BMONTH<   MONTH:_____
>BDAY<   DAY: _____
>BYEAR<   YEAR: _____

FID.140   **[If Respondent]**
Are you
[Else]
Would you say {name} is
>CAGEPIC<   (1) [fill C_AGE3/message] year(s) old? (Goto CHG_LOOP)
(2) [fill C_AGE4] year(s) old? (Goto CHG_LOOP)
(N) Neither is correct (Goto CAGEGES1)
(7) Refused (Goto CAGEGES1)
(9) Don't Know (Goto CAGEGES1)

FID.145
>CAGEGES1< Respondent: [fill name]
FR: IF THE RESPONDENT DOES NOT KNOW THE AGE, ENTER YOUR BEST ESTIMATE OF THE PERSON'S AGE. ENTER (C) FOR COMPUTE IF THE RESPONSE IS A RANGE OF AGES.

What is your best guess of {name's} age?
>AGE_NUM< _____ Number
>AGE_TP< _____ Time Period
(3) Month(s)
(4) Year(s)
© Compute from range

FID.150 Certain sections of this interview depend on knowing if a person is 18 years old or older. Could you please tell me if {you/name} {are/is} at least 18 years old?
>CAGEGES2< (1) Less than 18 (FID.155)   (7) Refused (FID.160)
(2) 18 or older (FID.160)   (9) Don't know (FID.160)

FID.155 **FR: ENTER YOUR BEST ESTIMATE OF {name's} AGE. ENTER "0" IF LESS THAN 1 YEAR OLD.**
>CLESS18< Age:_____

FID.160 FR: ENTER YOUR BEST ESTIMATE OF {name's} AGE.
>CGREAT18< Age: _____

FID.165 **FR: ENTER FIRST AND LAST AGES OF THE RANGE.**
>CAGERNG< First/lower: _____
Last/higher: _____

FID.170 Would you say that {name} was born in:
>CYEARPIC< (1) [fill with 4-digit BYEAR1]   (7) Refused
(2) [fill with 4-digit BYEAR2]   (9) Don't Know
(N) Neither is correct

FID.180 **FR: ASK IF NOT APPARENT:**
{Is/are}{you/name} male or female?.

>CHG_SEX< (1) Male   (2) Female

FID.190   I recorded that {your/name's} national origin is
>CHG_NATOR< **FR: SHOW FLASHCARD H1**
                  {Do/Does} {you/name's} consider {yourself/himself/herself} to be Hispanic or Latino?

                  Puerto Rican
                  Cuban/Cuban American
                  Dominican (Republic)
                  Mexican
                  Mexican American
                  Central or South American
                  Other Latin American
                  Other Hispanic/Latino

                  (Where did {your/name's} ancestors come from?)

                  Is that correct?

>CHG_NAT<   (1) Yes (CHG_LOOP)
                  (2) No (FID.200)

FID.200   **FR: SHOW FLASHCARD H1. IF A NON-HISPANIC GROUP IS NAMED, PRESS "F1" TO**
                  RETURN TO NATOR AND CHANGE THE ANSWER TO FROM "YES" TO "NO". ENTER
                  EACH NUMBER THAT APPLIES. ENTER (N) FOR NO MORE.

                  Please give me the number of the group that best represents {your/fill name's} Hispanic origin or
                  ancestry.

CHISPA_1   (1) Puerto Rican
CHISPA_2   (2) Cuban/Cuban American
CHISPA_3   (3) Dominican (Republic)
CHISPA_4   (4) Mexican
CHISPA_5   (5) Mexican American
                      (6) Central or South American
                      (7) Other Latin American (CHIS_SP1)
                      (8) Other Hispanic/Latino (CHIS_SP2)
                      (97) Refused
                      (99) Don't know

FID.210   Specified Other Latin American: _____
>CHIS_SP1<

FID.215   Specified Other Spanish or Hispanic: _____
>CHIS_SP2<

FID.220 What race or races {does/do} {name/you} consider {himself/herself/yourself} to be?
I recorded that {your/name's} race is:
FR: SHOW FLASHCARD H2.   ENTER THE NUMBER FOR EACH RACE
MENTIONED, ENTER (N) FOR NO MORE

CRACE_1	(1) White	(10) Chinese
CRACE_2	(2) Black/African American	(11) Filipino
CRACE_3	(3) Native (American)	(12) Japanese
CRACE_4	(4) Alaska Native	(13) Korean
CRACE_5	(5) Native Hawaiian	(14) Vietnamese
	(6) Guamanian	(15) Other Asian (FID.232)
	(7) Samoan	(16) Some other race (FID.243)
	(8) Other Pacific Islander (FID.230)	(97) Refused
	(9) Asian Indian	(99) Don't know

FID.230 Specified Other Pacific Islander: _____
>CRAC_SP1<

FID.232 Specified Other Asian Race: _____
>CRAC_SP2<

FID.234 Specified some other race: _____
>CRAC_SP3<

Check item FIDCCI2:   If multiple entries in FID.220 Goto FID.240, Else goto CHG_LOOP.

FID.240 Which one of these groups, that is **(FR: READ GROUPS)** would you say BEST represents
{your/name's} race?
>CMLTRAC< (01-16) Race number

Check item FIDCCI3:   If AGE ge <14> and FID.250 eq < > (not pre-filled) goto FID.250; Else goto FIDCCI4.

FID.250 {Are/Is} {you/PX-name} now married, widowed, divorced, separated, never married, or living with
a partner?

>MARITL<	(1) Married (FID.260)	(5) Never married
	(2) Widowed	(6) Living with a partner (FID.280)
	(3) Divorced	(7) Refused
	(4) Separated	(9) Don't Know

(all others goto FIDCCI4)

FID.260 Is {your/PX-name's} spouse living in the household?
>SPOUS1<	(1) Yes (FID.270)
	(2) No (FIDCCI4)

(7) Refused   (FIDCCI4)
(9) Don't Know   (FIDCCI4)

FID.270 **FR: PROBE AS NECESSARY AND ENTER THE LINE NUMBER OF THE SPOUSE.**
>SPOUS2< (01-30) Person number   (97) Refused   (99) Don't know

FID.280 {Have/Has} {you/PX-name} ever been married?
>COHAB1<	(1) Yes (FID.290)
	(2) No (FIDCCI4)

(7) Refused   (FIDCCI4)
(9) Don't Know   (FIDCCI4)

FID.290 What is {PX-name's/your} current legal marital status?

>COHAB2<
    (1) Married   (4) Separated
    (2) Widowed   (7) Refused
    (3) Divorced   (9) Don't Know

Check item: For FID.290 if FID.300 is not valid (blank), goto FID.300; Else goto FIDCCI4.

FID.300   **FR: PROBE AS NECESSARY AND ENTER THE LINE NUMBER OF THE COHABITING PARTNER**.

>COHAB3<   (01-30) Person number   (97) Refused   (99) Don't know

Check item FIDCCI4:   If AGE(PX) ge <90> [goto FIDCCI6]; If MOTHER(PX) ne < > [goto FIDCCI5]; /*mother already identified*/If there are no female family members other than PX with AGE ge <12> [goto FIDCCI5]; Else [goto FID.325].

FID.304   I noted that {father's fullname} is the father of {child's fullname}. Is child's fullname} his biological, adoptive, step, foster of {son/daughter}-in-law?

>DEGREE4<
    (1) Biological child   (5){Son/daughter}-in-law
    (2) Adoptive child
    (3) Step child   (7) Refused
    (4) Foster child   (9) Don't know

Check item: If DEGREE4 eq <1> [if (father's age - child's age) less than 12 goto BIOCK4]; Else goto FIDCCI5.

FID.310   You said that {you/name} {are/is} {PX's name} BIOLOGICAL FATHER. There is only {father's age - child's age} {years/year} age between {you/them}. Is this relationship correct?

>BIOCK4<   (1) Yes, continue the interview (HHCCCI8)
    (2) No, Change relationship (DEGREE4)

FID.315   I recorded that {mother's full name) is the mother of {child's full name}. Is {child's full name} her biological, adoptive, step, foster child, or {son/daughter}-in-law?

>DEGREE5<
    (1) Biological child   (5) {son/daughter}-in-law
    (2) Adoptive child
    (3) Step child   (7) Refused
    (4) Foster child   (9) Don't know

Check item: If DEGREE5 eq <1>[if (mother's age - child's age) less than 12 goto FID.320]Else goto FIDCCI5.

FID.320   You said that {you/name} {are/is} {PX's name} BIOLOGICAL MOTHER. There is only {mother's age - child's age} {years/year} age between {you/them}. Is this relationship correct?

>BIOCK5<   (1) Yes, continue the interview (FIDCCI5)
    (2) No, Change relationship (DEGREE5)

Check item FIDCCI4A: If MOTHER (PX) ne < > goto FIDCCI5. If there is NO woman 11+ years older than PX, goto FIDCCI5; Else goto MOTHER.

FID.325   Is {PX-name's/your} mother a household member? (Include biological, natural, adoptive, step, or foster mother or mother-in-law)

>**MOTHER**<   (00) Person not a household member (FID.340)   (97) Refused (Goto FIDCCI5)
     (01-30) Person number (FID.330)   (99) Don't Know (Goto FIDCCI5)

FID.330   Is {name(mother@)/this person} {PX-name}'s biological (natural), adoptive, step, or foster mother or mother-in-law?

>**MOTHER1**<
     (1) Biological mother   (5) Mother-in-law
     (2) Adoptive mother
     (3) Step mother   (7) Refused
     (4) Foster mother   (9) Don't know

<u>**Check item:**</u>   If the age difference between the mother and child is less than 12 years at goto MOTHER2; Else goto (FIDCCI5).

FID.335   **[If MOTHER1 eq <1>; If <AGE(MOTHER) - AGE(PX) > lt <12> display:]**
You said that {name(MOTHER@)} is the BIOLOGICAL MOTHER of {PX-name}. There is only {age difference} years age difference between them, is this relationship correct?

>**MOTHER2**<   (1) Yes, continue the interview (FIDCCI5)
     (2) No, select different person as MOTHER (FID.325)
     (3) No, change relationship (FID.330--MOTHER1)

<u>**Check item FIDCCI5:**</u>   If AGE(PX) ge <90> [goto FIDCCI6]; If FATHER(PX) ne < > [goto FIDCCI6]; /*father already identified*/If there are no male family members other than PX with AGE ge <12> goto FIDCCI6; Else goto FID.340.

FID.340   Is {PX-name}'s father a household member? (Include biological (natural) adoptive, step, or foster father or father-in-law).

>**FATHER**<   (00) Person not a household member (FIDCCI6)
     (01-30) Person number (FID.350)
     (96) No Parent in Household; Has legal guardian (FID.360)
     (97) Refused (FIDCCI6)
     (99) Don't Known (FIDCCI6)

FID.350   Is {name(father@)/this person} {PX-name}'s biological (natural), adoptive, step, or foster father or father-in-law?

>**FATHER1**<
     (1) Biological father   (5) Father-in-law
     (2) Adoptive father
     (3) Step father   (7) Refused
     (4) Foster father   (9) Don't know

<u>**Check item:**</u>   If the age difference between the father and child is less than 12 years at FATHER1 goto FATHER2; Else goto (FIDCCI6).

FID.355   **[If FATHER1 eq <1>; If <AGE(FATHER) - AGE(PX)> lt <12> display:]**
           You said that {name(FATHER@)} is the BIOLOGICAL FATHER of {PX-name}, there is only {age
           difference} years difference between them, is this relationship correct?
>FATHER2< (1) Yes, continue the interview (FIDCCI6)
           (2) No, select different person as FATHER (FID.340)
           (3) No, change relationship (FID.350--FATHER1)

FID.360   **FR: PROBE AS NECESSARY AND ENTER THE PERSON NUMBER OF {px-name's}
           GUARDIAN. IF THE GUARDIAN IS NOT A HOUSEHOLD MEMBER, ENTER "00".**
>GUARD<   (00) Person number   (97) Refused
           (01-30) Person number   (99) Don't Know

Check item FIDCCI6:   Set HHSTAT4 to <E> in the following conditions:
                           (1) If a person is 14-17 years of age and married or cohabiting; or
                           (2) If a person is 14-17 years old and no other adults present in their family.
                           Goto SASEL

Check item SASEL: 1. Sort all adults (AGE >= 18) of the same FX and NOT flagged"A" or "D" in descending
                         age order -- from the oldest to the youngest. (I don't think that this sorting is necessary.
                         BC) If no persons in this sorted group, GOTO SCSEL. If one person only in this sorted
                         group, flag with "S" and GOTO SCSEL. Else, GOTO step 2.
                         2. Generate a random number from 1 to N (number of persons in sort).

                         Set HHSTAT4 of the person whose person number corresponding to the random number
                         to <S>; GOTO SCSEL.

Check item SCSEL: 1. Sort all children (AGE < 18) of the same FX and NOT flagged "A"   or "D" or "E" in
                         descending age order -- from the oldest to the youngest. If no persons in this sort and
                         more than 1 person in family, GOTO SAID. If one person only in this sort, set the
                         person's HHSTAT4 to <C>, goto SAID; Else continue with step 2.

                         2. Generate a random number from 1 to N   (number of persons in sort).

FID.370
>SAID<   **[If there is a sample adult selected]**
           [fill "S" flagged person name] IS SELECTED AS THE SAMPLE ADULT
           FOR FAMILY [fill FX].

           [IF there is a sample child selected]
           [fill "C" flagged person name] **IS SELECTED AS THE SAMPLE CHILD
           FOR FAMILY** [fill FX].

FID.380   Who in the family would you say knows about the health of all the family members?
           MARK 'X' IN FRONT OF THE PERSON'S NAME (UP TO 3 PERSONS)

>KNOW2<   _____(1-30) PX   _____(1-30) PX   _____(1-30) PX
             (97) Refused   (97) Refused   (97) Refused
             (99) Don't know   (99) Don't know   (99) Don't know
             [ ] >KNOW_1<   [ ] >KNOW_2<   [ ] >KNOW_3<

Check item: If the family has a sample child, goto FID.630; Else go the next section- Family Health Status and Limitations.

FID.630   We select one child in each family for additional health questions. In this family that is {sample child name}. Who in the family would you say knows about the health of {sample child name}? **MARK 'X' IN FRONT OF THE PERSON'S NAME (UP TO 3 PERSONS).**

>KNOWSC2<   _____(1-30) PX   _____(1-30) PX   _____(1-30) PX
                         (97) Refused   (97) Refused   (97) Refused
                         (99) Don't know   (99) Don't know   (99) Don't know
                         [ ] **>KNOWSC_1<**   [ ] **>KNOWSC_2<**   [ ] **>KNOWSC_3<**

(Goto next section -- Family Health Status and Limitation)

Section II-- HEALTH STATUS AND LIMITATION OF ACTIVITIES

>FINTRO<
-FINTRO2-

FHS.001   **FR: ENTER LINE NUMBER(S) OF FAMILY MEMBERS LISTED THAT ARE**
           CURRENTLYPRESENT. ENTER UP TO 10 NUMBERS. ENTER (N) FOR NO MORE.

>FINTRO01<	**>FINTRO05<**	**>FINTRO09<**
>FINTRO02<	**>FINTRO06<**	**>FINTRO10<**
>FINTRO03<	**>FINTRO07<**	
>FINTRO04<	**>FINTRO08<**	

>FAMRESP<
-FAMRESP-

FHS.002   **FR: ASK IF NECESSARY: With whom am I speaking?**
           ENTER THE LINE NUMBER OF THE PERSON YOU CONSIDER TO BE THE MAIN
           RESPONDENT FOR THIS FAMILY'S HEALTH QUESTIONS.

>HLTH_BEG<
-HLTH_BEG-

           FR: READ THE FOLLOWING INTRODUCTION:

           I am now going to ask about {your/the} general health { /of family members} and the effects of
           any physical, mental, or emotional health problems.

           PRESS (P) TO PROCEED

Check item FHSCCI1:   **If any family member < 5 years old [goto FLAPLYLM]**
                           If any family member > 4 and < 18 years old [goto FSPEDEIS]
                           If all family members > 17 [goto FLAADL]

>FLAPLYLM<
-FLAPLYLM-

FHS.005   Are/Is **(READ NAME BELOW)** limited in the kind or amount of play activities he/she/they can do
           because of a physical, mental, or emotional problem?

           (1) Yes   (FHS.010)
           (2) No   (FHS.050)
           (7) Refused   (FHS.050)
           (9) Don't Know (FHS.050)

>PLAPLYLM<   **{display names and person numbers of children under 5}**
-PLAPLYLM-

           FR: ASK OR VERIFY. ENTER APPLICABLE LINE NUMBER(S).
           ENTER (N) FOR NO MORE AFTER THE LAST NUMBER.

FHS.010   Who is this? (Anyone else?)

                 >PLAPLYLI1<   **>PLAPLYLI4<**
                 >PLAPLYLI2<   **>PLAPLYLI5<**
                 >PLAPLYLI3<   **>PLAPLYLI6<**

>PLAPLYUN<
-PLAPLYUN-
FHS.020   Is {subject name listed in PLAYPLYLM} able to take part AT *ALL* in
                 the usual kinds of play activities done by most
                 children {subject name}'s age?

                 (1) Yes   (FHS.050)
                 (2) No   (FHS.050)
                 (7) Refused   (FHS.050)
                 (9) Don't Know (FHS.050)

>FSPEDEIS<
-FSPEDEIS-
FHS.050   Do any of the following family members, **(READ NAME BELOW)** receive Special Educational or
                 Early Intervention Services?

                 (1) Yes   (FHS.060)
                 (2) No   (FHS.070)
                 (7) Refused   (FHS.070)
                 (9) Don't Know (FHS.070)

>PSPEDEIS<
-PSPEDEIS-   **FR: ASK OR VERIFY. ENTER APPLICABLE LINE NUMBER(S).
                 ENTER (N) FOR NO MORE AFTER THE LAST NUMBER.**

FHS.060   Who is this? (Anyone else?)

                 >PSPEDEI1<   **>PSPEDEI4<**
                 >PSPEDEI2<   **>PSPEDEI5<**
                 >PSPEDEI3<   **>PSPEDEI6<**

>PSPEDEM<
-PSPEDEM-
FHS.065   {Do/Does} {you/ subject name} receive these services because of an emotional or behavioral
                 problem?

                 (1) Yes
                 (2) No
                 (7) Refused
                 (9) Don't Know

>FLAADL<
-FLAADL-
FHS.070 Because of a physical, mental, or emotional problem, {do/does} {you/anyone in the family} need the help of other persons with PERSONAL CARE NEEDS, such as eating, bathing, dressing, or getting around inside this home?

  (1) Yes (FHS.080)
  (2) No (FHS.150)
  (7) Refused (FHS.150)
  (9) Don't Know (FHS.150)

>PLAADL<
-PLAADL- **FR: ASK OR VERIFY. ENTER APPLICABLE LINE NUMBER(S).
ENTER (N) FOR NO MORE AFTER THE LAST NUMBER.**

FHS.080 Who is this? (Anyone else?)

  >PLAADL_1< **>PLAADL_4<**
  >PLAADL_2< **>PLAADL_5<**
  >PLAADL_3< **>PLAADL_6<**

>PLAADL2<
-PLAADL2-
FHS.090 {Do/Does} {you/subject name} need the help of other persons with ....?
  (1) Yes (2) No (7) Don't know (9) Refused

 >PLAADL21< Bathing or showering?
 >PLAADL22< Dressing?
 >PLAADL23< Eating?
 >PLAADL24< Getting in or out of bed or chairs?
 >PLAADL25< Using the toilet, including getting to the toilet?
 >PLAADL26< Getting around inside the home?

>FLAIADL<
-FLAIADL-
FHS.150 Because of a physical, mental, or emotional problem, {do/does} {you/anyone in the family} need the help of other persons in handling ROUTINE NEEDS, such as everyday household chores, doing necessary business, shopping, or getting around for other purposes?

  (1) Yes (FHS.160)
  (2) No (FHS.170)
  (7) Refused (FHS.170)
  (9) Don't Know (FHS.170)

>PLAIADL<

-PLAIADL-   **FR: ASK OR VERIFY. ENTER APPLICABLE LINE NUMBER(S).**
             ENTER (N) FOR NO MORE AFTER THE LAST NUMBER.

    FHS.160 Who is this? (Anyone else?)

    >PLAIADL_1<   **>PLAIADL_4<**
    >PLAIADL_2<   **>PLAIADL_5<**
    >PLAIADL_3<   **>PLAIADL_6<**

>FLAWKNOW<

FHS.170   Does a physical, mental, or emotional problem NOW keep {you/any of these family members (fill in names of family members aged 18 and older)} from working at a job or business?

    (1) Yes (FHS.180)   (7) Refused (FHS.190)
    (2) No (FHS.190)   (9) Don't know (FHS.190)

FHS.180   Who is this? (Anyone else?)
    >PLAWKNO1<   **>PLAWKNO4<**
    >PLAWKNO2<   **>PLAWKNO5<**
    >PLAWKNO3<   **>PLAWKNO6<**

>FLAWKLIM<

FHS.190   {Are/(Other than the persons mentioned), are any of these family members} {you/repeat adult names if needed} limited in the kind OR amount of work {you/they} can do because of a physical, mental or emotional problem?

    (1) Yes (FHS.200)   (7) Refused (FHS.210)
    (2) No (FHS.210)   (9) Don't know (FHS.210)

FHS.200   Who is this? (Anyone else?)
    >PLAWKLI1<   **>PLAWKLI4<**
    >PLAWKLI2<   **>PLAWKLI5<**
    >PLAWKLI3<   **>PLAWKLI6<**

>FLAWALK<

FHS.210   Because of a health problem, {do/does} {you/anyone in the family} have difficulty walking without using any special equipment?

    (1) Yes (FHS.220)   (7) Refused (FHS.230)
    (2) No (FHS.230)   (9) Don=t know (FHS.230)

FHS.220   Who is this? (Anyone else?)
                  >PLAWALK1<   >PLAWALK4<
                  >PLAWALK2<   >PLAWALK5<
                  >PLAWALK3<   >PLAWALK6<

>**FLAREMEM**<
FHS.230   {Are/is} {you/anyone in the family} LIMITED IN ANY WAY because of difficulty remembering
               or because {you/they} experience periods of confusion?

               (1) Yes (FHS.240)   (7) Refused (Check item FHSCCI2)
               (2) No (Check item FHSCCI2)   (9) Don=t know (Check item FHSCCI2)

FHS.240   Who is this? (Anyone else?)
                  >**PLAREME1**<   >**PLAREME4**<
                  >**PLAREME2**<   >**PLAREME5**<
                  >**PLAREME3**<   >**PLAREME6**<

Check item FHSCCI2 :   For family members NOT in the entry in FHS.010, FHS.060, FHS.080, FHS.160, FHS.180,
                             FHS.200, FHS.220, or FHS.240 go to FHS.250; Otherwise, go to Check item FHSCCI3.

>**FLIMANY**<
 FHS.250   Are {you/any family members (list names of persons without limitation if needed)}LIMITED IN
               ANY WAY in any activities because of physical, mental or emotional problems?

               (1) Yes (FHS.260)   (7) Refused (Check item FHSCCI3)
               (2) No (Check item FHSCCI3)   (9) Don't know (Check item FHSCCI3)

FHS.260   Who is this? (Anyone else?)
                  >**PLIMANY1**<   >**PLIMANY4**<
                  >**PLIMANY2**<   >**PLIMANY5**<
                  >**PLIMANY3**<   >**PLIMANY6**<

Check item FHSCCI3 :   For family members with an entry in FHS.010 through FHS.260:If AGE is less than 18 go to
                             FHS.270; Else go to FHS.290.   If none with entry in FHS.010 through FHS.260, or the
                             family roster is exhausted go to FHS.310.

>**FHSCCI3**<   **{CAPI Check Item 3}**
                    CAPI: For family members with an entry in PLAPLYLM through PLIMANY:

>LAHCC<
-LAHCC2-

FHS.270   What conditions or health problems cause {subject name's} limitations?
FR: SHOW FLASHCARD F1. DO NOT READ. ENTER ALL THAT APPLY,
BUT DO NOT PROBE. ENTER (N) FOR NO MORE.

    _1(1) Vision/ problem seeing
    _2(2) Hearing problem
    _3(3) Speech problem
    _4(4) Asthma/breathing problem
    _5(5) Birth defect
    _6(6) Injury
    _7(7) Mental retardation
    _8(8) Other developmental problem (e.g. cerebral palsy)
    _9(9) Other mental, emotional, or behavioral problem
    _10(10) Bone, joint, or muscle problem
    _11(11) Epilepsy or seizures
    _12(12) Learning Disability
    _13(13) Attention Deficit/Hyperactive Disorder (ADD/ADHD)
    _14 (14)Other impairment/problem (specify one)
    _15 (15)Other impairment/problem (Specify one)
    (97) Refused
    (99) Don't know/not sure

>LHCL01<
-LHCL01-

FHS.280   How long {have/has}{you/subject name} had vision problem or problem seeing?

FR: ENTER NUMBER, PRESS RETURN, AND ENTER TIME PERIOD.

Number [ ]   Time Period [ ]
@NU Number (ENTER "96" IF SINCE BIRTH)   @TI Time Period
(01-94) 01-94   (1) Days(s)
(95) 95+   (2) Week(s)
(96) Since birth   (3) Month(s)
(97) Refused   (4) Year(s)
(99) Don't Know

>LHCL02<
-LHCL02-

FHS.282   How long {have/has}{you/subject name} had hearing problem?

FR: ENTER NUMBER, PRESS RETURN, AND ENTER TIME PERIOD.

Number [ ]   Time Period [ ]
@NU   Number (ENTER "96" IF SINCE BIRTH)   @TI Time Period
(01-94) 01-94   (1) Days(s)
(95) 95+   (2) Week(s)
(96) Since birth   (3) Month(s)
(97) Refused   (4) Year(s)
(99) Don't Know

>LHCL03<
-LHCL03-

FHS.284   How long {have/has}{you/subject name} had speech problem?

FR: ENTER NUMBER, PRESS RETURN, AND ENTER TIME PERIOD.

Number [ ]   Time Period [ ]
@NU   Number (ENTER "96" IF SINCE BIRTH)   @TI Time Period
(01-94) 01-94   (1) Days(s)
(95) 95+   (2) Week(s)
(96) Since birth   (3) Month(s)
(97) Refused   (4) Year(s)
(99) Don't Know

>LHCL04<
-LHCL04-

FHS.286   How long {have/has}{you/subject name} had asthma or a breathing problem?

FR: ENTER NUMBER, PRESS RETURN, AND ENTER TIME PERIOD.

Number [ ]   Time Period [ ]
@NU   Number (ENTER "96" IF SINCE BIRTH)   @TI Time Period
(01-94) 01-94   (1) Days(s)
(95) 95+   (2) Week(s)
(96) Since birth   (3) Month(s)
(97) Refused   (4) Year(s)
(99) Don't Know

>LHCL06<
-LHCL06-

FHS.288   How long {have/has}{you/subject name} had the injury that caused {his/her} limitation?

FR: ENTER NUMBER, PRESS RETURN, AND ENTER TIME PERIOD.

Number [ ]   Time Period [ ]
@NU   Number (ENTER "96" IF SINCE BIRTH)   @TI Time Period
(01-94) 01-94   (1) Days(s)
(95) 95+   (2) Week(s)
(96) Since birth   (3) Month(s)
(97) Refused   (4) Year(s)
(99) Don't Know

>LHCL07<
-LHCL07-

FHS.290   How long {have/has}{you/subject name} had mental retardation?

FR: ENTER NUMBER, PRESS RETURN, AND ENTER TIME PERIOD.

Number [ ]   Time Period [ ]
@NU   Number (ENTER "96" IF SINCE BIRTH)   @TI Time Period
(01-94) 01-94   (1) Days(s)
(95) 95+   (2) Week(s)
(96) Since birth   (3) Month(s)
(97) Refused   (4) Year(s)
(99) Don't Know

>LHCL08<
-LHCL08-

FHS.292   How long {have/has}{you/subject name} had other developmental problems (e.g., cerebral palsy)?

FR: ENTER NUMBER, PRESS RETURN, AND ENTER TIME PERIOD.

Number [ ]   Time Period [ ]
@NU   Number (ENTER "96" IF SINCE BIRTH)   @TI Time Period
(01-94) 01-94   (1) Days(s)
(95) 95+   (2) Week(s)
(96) Since birth   (3) Month(s)
(97) Refused   (4) Year(s)
(99) Don't Know

>**LHCL09**<
-LHCL09-

FHS.294   How long {have/has}{you/subject name} had other mental, emotional, or behavioral problems?

FR: ENTER NUMBER, PRESS RETURN, AND ENTER TIME PERIOD.

Number [ ]   Time Period [ ]
@NU   Number (ENTER "96" IF SINCE BIRTH)   @TI Time Period
(01-94) 01-94   (1) Days(s)
(95) 95+   (2) Week(s)
(96) Since birth   (3) Month(s)
(97) Refused   (4) Year(s)
(99) Don't Know

>**LHCL10**<
-LHCL10-

FHS.296   How long {have/has}{you/subject name} had bone, joint, or muscle problem?

FR: ENTER NUMBER, PRESS RETURN, AND ENTER TIME PERIOD.

Number [ ]   Time Period [ ]
@NU   Number (ENTER "96" IF SINCE BIRTH)   @TI Time Period
(01-94) 01-94   (1) Days(s)
(95) 95+   (2) Week(s)
(96) Since birth   (3) Month(s)
(97) Refused   (4) Year(s)
(99) Don't Know

>**LHCL11**<
-LHCL11-

FHS.298   How long {have/has}{you/subject name} had epilepsy or seizures?

FR: ENTER NUMBER, PRESS RETURN, AND ENTER TIME PERIOD.

Number [ ]   Time Period [ ]
@NU   Number (ENTER "96" IF SINCE BIRTH)   @TI Time Period
(01-94) 01-94   (1) Days(s)
(95) 95+   (2) Week(s)
(96) Since birth   (3) Month(s)
(97) Refused   (4) Year(s)
(99) Don't Know

-LHCL12-

FHS.300   How long {have/has}{you/subject name} had learning disabilities?

FR: ENTER NUMBER, PRESS RETURN, AND ENTER TIME PERIOD.

Number [ ]   Time Period [ ]
@NU   Number (ENTER "96" IF SINCE BIRTH)   @TI Time Period
(01-94) 01-94   (1) Days(s)
(95) 95+   (2) Week(s)
(96) Since birth   (3) Month(s)
(97) Refused   (4) Year(s)
(99) Don't Know

>LHCL13<
-LHCL13-

FHS.302   How long {have/has}{you/subject name} had attention deficit disorder?

FR: ENTER NUMBER, PRESS RETURN, AND ENTER TIME PERIOD.

Number [ ]   Time Period [ ]
@NU   Number (ENTER "96" IF SINCE BIRTH)   @TI Time Period
(01-94) 01-94   (1) Days(s)
(95) 95+   (2) Week(s)
(96) Since birth   (3) Month(s)
(97) Refused   (4) Year(s)
(99) Don't Know

>LHCL14<
-LHCL14-

FHS.304   How long {have/has}{you/subject name} had {problem in LAHCC2_S1}?

FR: ENTER NUMBER, PRESS RETURN, AND ENTER TIME PERIOD.

Number [ ]   Time Period [ ]
@NU   Number (ENTER "96" IF SINCE BIRTH)   @TI Time Period
(01-94) 01-94   (1) Days(s)
(95) 95+   (2) Week(s)
(96) Since birth   (3) Month(s)
(97) Refused   (4) Year(s)
(99) Don't Know

>LHCL15<
-LHCL15-

FHS.306   How long {have/has}{you/subject name} had {problem in LAHCC2_S2}?

FR: ENTER NUMBER, PRESS RETURN, AND ENTER TIME PERIOD.

Number [ ]   Time Period [ ]
@NU   Number (ENTER "96" IF SINCE BIRTH)   @TI Time Period
(01-94) 01-94   (1) Days(s)
(95) 95+   (2) Week(s)
(96) Since birth   (3) Month(s)
(97) Refused   (4) Year(s)
(99) Don't Know

>LAHCA2<
-LAHCA2-

FHS.350   What conditions or health problems cause {your/subject name's} limitations?
**FR: SHOW FLASHCARD F2. DO NOT READ. ENTER ALL THAT APPLY,
BUT DO NOT PROBE. ENTER (M) TO ENTER OTHER CONDITONS THAT ARE NOT ON
THE FLASHCARD. ENTER (N) FOR NO MORE.**

_1(1) Vision/problem seeing
_2(2) Hearing problem
_3(3) Arthritis/rheumatism
_4(4) Back or neck problem
_5(5) Fracture, bone/joint injury
_6(6) Other injury
_7(7) Heart problem
_8(8) Stroke problem
_9(9) Hypertension/high blood pressure
_10(10) Diabetes
_11(11) Lung/breathing problem(e.g., asthma and emphysema)
_12(12) Cancer
_13(13) Birth defect
_14(14) Mental retardation
_15(15) Other developmental problem (e.g. cerebral palsy)
_16(16) Senility
_17(17) Depression/anxiety/emotional problem
_18(18) Weight problem

<M> for OTHER, including more conditions

>LAHCA3<
-LAHCA3-

FHS.355   What conditions or health problems cause {your/subject name's} limitations?

FR: DO NOT READ. CODE ALL THAT APPLY, BUT DO NOT PROBE.
ENTER NUMBER FOR CONDITION MENTIONED OR ENTER 36 AND/OR 37 TO
ENTER OTHER SPECIFIED CONDITION. ENTER (N) FOR NO MORE.

_19(19) Missing limbs (fingers, toes or digits), amputee
_20(20) Kidney, bladder or renal problems
_21(21) Circulation problems (including blood clots)
_22(22) Benign Tumors, Cysts
_23(23) Fibromyalgia, lupus
_24(24) Osteoporosis, tendonitis
_25(25) Epilepsy, seizures
_26(26) Multiple Sclerosis (MS), Muscular Dystrophy (MD)
_27(27) Polio(mylitis), paralysis, para/quadraplegia
_28(28) Parkinson's disease, other tremors
_29(29) Other nerve damage, including carpal tunnel syndrome
_30(30) Hernia
_31(31) Ulcer
_32(32) Vericose veins, hemmorhoids
_33(33) Thyroid problems, Grave's disease, gout
_34(34) Knee problems (not arthritis (03), not joint injury(05))
_35(35) Migraine headaches (not just headaches)
_36(36) Other impairment/problem (Specify one)_____
_37(37) Other impairment/problem (Specify one)_____
 (97) Refused
 (99) Don't know/not sure

>LHAL01<
-LHAL01-
FHS.360   How long {have/has}{you/subject name} had vision problems or problem seeing?

FR: ENTER NUMBER, PRESS RETURN, AND ENTER TIME PERIOD.

Number [ ]   Time Period [ ]
@NU Number (ENTER "96" IF SINCE BIRTH)   @TI Time Period
(01-94) 01-94   (1) Days(s)
(95) 95+   (2) Week(s)
(96) Since birth   (3) Month(s)
(97) Refused   (4) Year(s)
(99) Don't Know

_____

>LHAL02<
-LHAL02-
FHS.362 How long {have/has}{you/subject name} had hearing problem?

FR: ENTER NUMBER, PRESS RETURN, AND ENTER TIME PERIOD.

Number [ ]   Time Period [ ]
@NU Number (ENTER "96" IF SINCE BIRTH) @TI Time Period
(01-94) 01-94   (1) Days(s)
(95) 95+   (2) Week(s)
(96) Since birth   (3) Month(s)
(97) Refused   (4) Year(s)
(99) Don't Know

>LHAL03<
-LHAL03-
FHS.364 How long {have/has}{you/subject name} had arthritis or rheumatism?

FR: ENTER NUMBER, PRESS RETURN, AND ENTER TIME PERIOD.

Number [ ]   Time Period [ ]
@NU Number (ENTER "96" IF SINCE BIRTH) @TI Time Period
(01-94) 01-94   (1) Days(s)
(95) 95+   (2) Week(s)
(96) Since birth   (3) Month(s)
(97) Refused   (4) Year(s)
(99) Don't Know

>LHAL04<
-LHAL04-
FHS.366 How long {have/has}{you/subject name} had back or neck problem?

FR: ENTER NUMBER, PRESS RETURN, AND ENTER TIME PERIOD.

Number [ ]   Time Period [ ]
@NU Number (ENTER "96" IF SINCE BIRTH) @TI Time Period
(01-94) 01-94   (1) Days(s)
(95) 95+   (2) Week(s)
(96) Since birth   (3) Month(s)
(97) Refused   (4) Year(s)
(99) Don't Know

>LHAL05<
-LHAL05-
FHS.368   How long {have/has}{you/subject name} had fractures, bone/joint injury?

FR: ENTER NUMBER, PRESS RETURN, AND ENTER TIME PERIOD.

Number [ ]   Time Period [ ]
@NU   Number (ENTER "96" IF SINCE BIRTH)   @TI Time Period
(01-94) 01-94   (1) Days(s)
(95) 95+   (2) Week(s)
(96) Since birth   (3) Month(s)
(97) Refused   (4) Year(s)
(99) Don't Know

>LHAL06<
-LHAL06-
FHS.370   How long {have/has}{you/subject name} had other injury?

FR: ENTER NUMBER, PRESS RETURN, AND ENTER TIME PERIOD.

Number [ ]   Time Period [ ]
@NU   Number (ENTER "96" IF SINCE BIRTH)   @TI Time Period
(01-94) 01-94   (1) Days(s)
(95) 95+   (2) Week(s)
(96) Since birth   (3) Month(s)
(97) Refused   (4) Year(s)
(99) Don't Know

>LHAL07<
-LHAL07-
FHS.372   How long {have/has}{you/subject name} had heart problem?

FR: ENTER NUMBER, PRESS RETURN, AND ENTER TIME PERIOD.

Number [ ]   Time Period [ ]
@NU   Number (ENTER "96" IF SINCE BIRTH)   @TI Time Period
(01-94) 01-94   (1) Days(s)
(95) 95+   (2) Week(s)
(96) Since birth   (3) Month(s)
(97) Refused   (4) Year(s)
(99) Don't Know

>LHAL08<
-LHAL08-
FHS.374   How long {have/has}{you/subject name} had stroke problem?

FR: ENTER NUMBER, PRESS RETURN, AND ENTER TIME PERIOD.

Number [ ]   Time Period [ ]
@NU   Number (ENTER "96" IF SINCE BIRTH)   @TI Time Period
(01-94) 01-94   (1) Days(s)
(95) 95+   (2) Week(s)
(96) Since birth   (3) Month(s)
(97) Refused   (4) Year(s)
(99) Don't Know

>LHAL09<
-LHAL09-
FHS.376   How long {have/has}{you/subject name} had hypertension or high blood pressure?

FR: ENTER NUMBER, PRESS RETURN, AND ENTER TIME PERIOD.
Number [ ]   Time Period [ ]
@NU   Number (ENTER "96" IF SINCE BIRTH)   @TI Time Period
(01-94) 01-94   (1) Days(s)
(95) 95+   (2) Week(s)
(96) Since birth   (3) Month(s)
(97) Refused   (4) Year(s)
(99) Don't Know

>LHAL10<
-LHAL10-
FHS.378   How long {have/has}{you/subject name} had diabetes?

FR: ENTER NUMBER, PRESS RETURN, AND ENTER TIME PERIOD.

Number [ ]   Time Period [ ]
@NU   Number (ENTER "96" IF SINCE BIRTH)   @TI Time Period
(01-94) 01-94   (1) Days(s)
(95) 95+   (2) Week(s)
(96) Since birth   (3) Month(s)
(97) Refused   (4) Year(s)
(99) Don't Know

>LHAL11<
-LHAL11-
FHS.380　　How long {have/has}{you/subject name} had lung problem or breathing problem?

FR: ENTER NUMBER, PRESS RETURN, AND ENTER TIME PERIOD.

Number [ ]　　　　　　　　　　　　　　　　　Time Period [ ]
@NU　Number (ENTER "96" IF SINCE BIRTH)　　@TI Time Period
(01-94) 01-94　　　　　　　　　　　　　　　(1) Days(s)
(95) 95+　　　　　　　　　　　　　　　　　(2) Week(s)
(96) Since birth　　　　　　　　　　　　　　(3) Month(s)
(97) Refused　　　　　　　　　　　　　　　(4) Year(s)
(99) Don't Know

>LHAL12<
-LHAL12-
FHS.382　　How long {have/has}{you/subject name} had Cancer?

FR: ENTER NUMBER, PRESS RETURN, AND ENTER TIME PERIOD.

Number [ ]　　　　　　　　　　　　　　　　　Time Period [ ]
@NU　Number (ENTER "96" IF SINCE BIRTH)　　@TI Time Period
(01-94) 01-94　　　　　　　　　　　　　　　(1) Days(s)
(95) 95+　　　　　　　　　　　　　　　　　(2) Week(s)
(96) Since birth　　　　　　　　　　　　　　(3) Month(s)
(97) Refused　　　　　　　　　　　　　　　(4) Year(s)
(99) Don't Know

>LHAL14<
-LHAL14-
FHS.384　　How long {have/has}{you/subject name} had mental retardation?

FR: ENTER NUMBER, PRESS RETURN, AND ENTER TIME PERIOD.

Number [ ]　　　　　　　　　　　　　　　　　Time Period [ ]
@NU　Number (ENTER "96" IF SINCE BIRTH)　　@TI Time Period
(01-94) 01-94　　　　　　　　　　　　　　　(1) Days(s)
(95) 95+　　　　　　　　　　　　　　　　　(2) Week(s)
(96) Since birth　　　　　　　　　　　　　　(3) Month(s)
(97) Refused　　　　　　　　　　　　　　　(4) Year(s)
(99) Don't Know

>LHAL15<
-LHAL15-
FHS.386　　How long {have/has}{you/subject name} had other developmental problems (e.g. cerebral palsy)?

FR: ENTER NUMBER, PRESS RETURN, AND ENTER TIME PERIOD.

Number [ ]　　　　　　　　　　　　　　　　　Time Period [ ]
@NU　Number (ENTER "96" IF SINCE BIRTH)　　@TI Time Period
(01-94) 01-94　　　　　　　　　　　　　　　(1) Days(s)
(95) 95+　　　　　　　　　　　　　　　　　(2) Week(s)
(96) Since birth　　　　　　　　　　　　　　(3) Month(s)
(97) Refused　　　　　　　　　　　　　　　(4) Year(s)
(99) Don't Know

>LHAL16<
-LHAL16-
FHS.388   How long {have/has}{you/subject name} had senility?

FR: ENTER NUMBER, PRESS RETURN, AND ENTER TIME PERIOD.

Number [ ]   Time Period [ ]
@NU   Number (ENTER "96" IF SINCE BIRTH)   @TI Time Period
(01-94) 01-94   (1) Days(s)
(95) 95+   (2) Week(s)
(96) Since birth   (3) Month(s)
(97) Refused   (4) Year(s)
(99) Don't Know

>LHAL17<
-LHAL17-
FHS.390   How long {have/has}{you/subject name} had depression/ anxiety/emotional problem?

FR: ENTER NUMBER, PRESS RETURN, AND ENTER TIME PERIOD.

Number [ ]   Time Period [ ]
@NU   Number (ENTER "96" IF SINCE BIRTH)   @TI Time Period
(01-94) 01-94   (1) Days(s)
(95) 95+   (2) Week(s)
(96) Since birth   (3) Month(s)
(97) Refused   (4) Year(s)
(99) Don't Know

>LHAL18<
-LHAL18-
FHS.392   How long {have/has}{you/subject name} had weight problem?

FR: ENTER NUMBER, PRESS RETURN, AND ENTER TIME PERIOD.

Number [ ]   Time Period [ ]
@NU   Number (ENTER "96" IF SINCE BIRTH)   @TI Time Period
(01-94) 01-94   (1) Days(s)
(95) 95+   (2) Week(s)
(96) Since birth   (3) Month(s)
(97) Refused   (4) Year(s)
(99) Don't Know

>LHAL19<
-LHAL19-
FHS.394 How long {have/has}{you/subject name} had a missing limb/finger/digit?

FR: ENTER NUMBER, PRESS RETURN, AND ENTER TIME PERIOD.

Number [ ]   Time Period [ ]
@NU Number (ENTER "96" IF SINCE BIRTH) @TI Time Period
(01-94) 01-94   (1) Days(s)
(95) 95+   (2) Week(s)
(96) Since birth   (3) Month(s)
(97) Refused   (4) Year(s)
(99) Don't Know

>LHAL20<
-LHAL20-
FHS.396 How long {have/has}{you/subject name} had kidney/bladder/renal problem?

FR: ENTER NUMBER, PRESS RETURN, AND ENTER TIME PERIOD.

Number [ ]   Time Period [ ]
@NU Number (ENTER "96" IF SINCE BIRTH) @TI Time Period
(01-94) 01-94   (1) Days(s)
(95) 95+   (2) Week(s)
(96) Since birth   (3) Month(s)
(97) Refused   (4) Year(s)
(99) Don't Know

>LHAL21<
-LHAL21-
FHS.398 How long {have/has}{you/subject name} had circulation problems?

FR: ENTER NUMBER, PRESS RETURN, AND ENTER TIME PERIOD.

Number [ ]   Time Period [ ]
@NU Number (ENTER "96" IF SINCE BIRTH) @TI Time Period
(01-94) 01-94   (1) Days(s)
(95) 95+   (2) Week(s)
(96) Since birth   (3) Month(s)
(97) Refused   (4) Year(s)
(99) Don't Know

>LHAL22<
-LHAL22-
FHS.400   How long {have/has}{you/subject name} had benign tumors/cyst?

               FR: ENTER NUMBER, PRESS RETURN, AND ENTER TIME PERIOD.

               Number [ ]   Time Period [ ]
               @NU Number (ENTER "96" IF SINCE BIRTH)   @TI Time Period
               (01-94) 01-94   (1) Days(s)
               (95) 95+   (2) Week(s)
               (96) Since birth   (3) Month(s)
               (97) Refused   (4) Year(s)
               (99) Don't Know

>LHAL23<
-LHAL23-
FHS.402   How long {have/has}{you/subject name} had fibromyalgia/lupus?

               FR: ENTER NUMBER, PRESS RETURN, AND ENTER TIME PERIOD.

               Number [ ]   Time Period [ ]
               @NU Number (ENTER "96" IF SINCE BIRTH)   @TI Time Period
               (01-94) 01-94   (1) Days(s)
               (95) 95+   (2) Week(s)
               (96) Since birth   (3) Month(s)
               (97) Refused   (4) Year(s)
               (99) Don't Know

>LHAL24<
-LHAL24-
FHS.404   How long {have/has}{you/subject name} had osteoporosis/ tendonitis?

               FR: ENTER NUMBER, PRESS RETURN, AND ENTER TIME PERIOD.

               Number [ ]   Time Period [ ]
               @NU Number (ENTER "96" IF SINCE BIRTH)   @TI Time Period
               (01-94) 01-94   (1) Days(s)
               (95) 95+   (2) Week(s)
               (96) Since birth   (3) Month(s)
               (97) Refused   (4) Year(s)
               (99) Don't Know

>LHAL25<
-LHAL25-
FHS.406   How long {have/has}{you/subject name} had epilepsy/seizures?

FR: ENTER NUMBER, PRESS RETURN, AND ENTER TIME PERIOD.

Number [ ]   Time Period [ ]
@NU Number (ENTER "96" IF SINCE BIRTH)   @TI Time Period
(01-94) 01-94   (1) Days(s)
(95) 95+   (2) Week(s)
(96) Since birth   (3) Month(s)
(97) Refused   (4) Year(s)
(99) Don't Know

>LHAL26<
-LHAL26-
FHS.408   How long {have/has}{you/subject name} had mulitple sclerosis (MS)/muscular dystrophy (MD)?

FR: ENTER NUMBER, PRESS RETURN, AND ENTER TIME PERIOD.

Number [ ]   Time Period [ ]
@NU Number (ENTER "96" IF SINCE BIRTH)   @TI Time Period
(01-94) 01-94   (1) Days(s)
(95) 95+   (2) Week(s)
(96) Since birth   (3) Month(s)
(97) Refused   (4) Year(s)
(99) Don't Know

>LHAL27<
-LHAL27-
FHS.410   How long {have/has}{you/subject name} had polio (mylitis),paralysis,para-
           quadraplegia/paralysis?

FR: ENTER NUMBER, PRESS RETURN, AND ENTER TIME PERIOD.

Number [ ]   Time Period [ ]
@NU Number (ENTER "96" IF SINCE BIRTH)   @TI Time Period
(01-94) 01-94   (1) Days(s)
(95) 95+   (2) Week(s)
(96) Since birth   (3) Month(s)
(97) Refused   (4) Year(s)
(99) Don't Know

>LHAL28<
-LHAL28-
FHS.412   How long {have/has}{you/subject name} had Parkinson's/tremors?

FR: ENTER NUMBER, PRESS RETURN, AND ENTER TIME PERIOD.

Number [ ]	Time Period [ ]
@NU Number (ENTER "96" IF SINCE BIRTH)	@TI Time Period
(01-94) 01-94	(1) Days(s)
(95) 95+	(2) Week(s)
(96) Since birth	(3) Month(s)
(97) Refused	(4) Year(s)
(99) Don't Know	

>LHAL29<
-LHAL29-
FHS.414   How long {have/has}{you/subject name} had other nerve damage/carpal tunnel syndrome?

FR: ENTER NUMBER, PRESS RETURN, AND ENTER TIME PERIOD.

Number [ ]	Time Period [ ]
@NU Number (ENTER "96" IF SINCE BIRTH)	@TI Time Period
(01-94) 01-94	(1) Days(s)
(95) 95+	(2) Week(s)
(96) Since birth	(3) Month(s)
(97) Refused	(4) Year(s)
(99) Don't Know	

>LHAL30<
-LHAL30-
FHS.416   How long {have/has}{you/subject name} had a hernia?

FR: ENTER NUMBER, PRESS RETURN, AND ENTER TIME PERIOD.

Number [ ]	Time Period [ ]
@NU Number (ENTER "96" IF SINCE BIRTH)	@TI Time Period
(01-94) 01-94	(1) Days(s)
(95) 95+	(2) Week(s)
(96) Since birth	(3) Month(s)
(97) Refused	(4) Year(s)
(99) Don't Know	

>LHAL31<
-LHAL31-
FHS.418 How long {have/has}{you/subject name} had an ulcer?

FR: ENTER NUMBER, PRESS RETURN, AND ENTER TIME PERIOD.

Number [ ]   Time Period [ ]
@NU Number (ENTER "96" IF SINCE BIRTH) @TI Time Period
(01-94) 01-94   (1) Days(s)
(95) 95+   (2) Week(s)
(96) Since birth   (3) Month(s)
(97) Refused   (4) Year(s)
(99) Don't Know

>LHAL32<
-LHAL32-
FHS.420 How long {have/has}{you/subject name} had varicose veins/hemorrhoids?

FR: ENTER NUMBER, PRESS RETURN, AND ENTER TIME PERIOD.

Number [ ]   Time Period [ ]
@NU Number (ENTER "96" IF SINCE BIRTH) @TI Time Period
(01-94) 01-94   (1) Days(s)
(95) 95+   (2) Week(s)
(96) Since birth   (3) Month(s)
(97) Refused   (4) Year(s)
(99) Don't Know

>LHAL33<
-LHAL33-
FHS.422 How long {have/has}{you/subject name} had thyroid problem/Grave's disease/gout?

FR: ENTER NUMBER, PRESS RETURN, AND ENTER TIME PERIOD.

Number [ ]   Time Period [ ]
@NU Number (ENTER "96" IF SINCE BIRTH) @TI Time Period
(01-94) 01-94   (1) Days(s)
(95) 95+   (2) Week(s)
(96) Since birth   (3) Month(s)
(97) Refused   (4) Year(s)
(99) Don't Know

>LHAL34<
-LHAL34-
FHS.424 How long {have/has}{you/subject name} had knee problems?

FR: ENTER NUMBER, PRESS RETURN, AND ENTER TIME PERIOD.

Number [ ]   Time Period [ ]
@NU Number (ENTER "96" IF SINCE BIRTH) @TI Time Period
(01-94) 01-94   (1) Days(s)
(95) 95+   (2) Week(s)
(96) Since birth   (3) Month(s)
(97) Refused   (4) Year(s)
(99) Don't Know

>LHAL35<
-LHAL35-
FHS.426   How long {have/has}{you/subject name} had migraine headaches?

FR: ENTER NUMBER, PRESS RETURN, AND ENTER TIME PERIOD.

Number [ ]   Time Period [ ]
@NU   Number (ENTER "96" IF SINCE BIRTH)   @TI Time Period
(01-94) 01-94   (1) Days(s)
(95) 95+   (2) Week(s)
(96) Since birth   (3) Month(s)
(97) Refused   (4) Year(s)
(99) Don't Know

>LHAL36<
-LHAL36-
FHS.450   How long {have/has}{you/subject name} had {problem in LAHCA2_S1}?

FR: ENTER NUMBER, PRESS RETURN, AND ENTER TIME PERIOD.

Number [ ]   Time Period [ ]
@NU   Number (ENTER "96" IF SINCE BIRTH)   @TI Time Period
(01-94) 01-94   (1) Days(s)
(95) 95+   (2) Week(s)
(96) Since birth   (3) Month(s)
(97) Refused   (4) Year(s)
(99) Don't Know

>LHAL37<
-LHAL37-
FHS.452   How long {have/has}{you/subject name} had {problem in LAHCA2_S2}?

FR: ENTER NUMBER, PRESS RETURN, AND ENTER TIME PERIOD.

Number [ ]   Time Period [ ]
@NU   Number (ENTER "96" IF SINCE BIRTH)   @TI Time Period
(01-94) 01-94   (1) Days(s)
(95) 95+   (2) Week(s)
(96) Since birth   (3) Month(s)
(97) Refused   (4) Year(s)
(99) Don't Know

>PHSTAT<
>PHSTAT<
FHS.500   Would you say {subject name's} health in general is excellent, Very good, good, fair, or poor?

(1) Excellent   (FIJ.010)
(2) Very good   (FIJ.010)
(3) Good   (FIJ.010)
(4) Fair   (FIJ.010)
(5) Poor   (FIJ.010)
(7) Refused   (FIJ.010)
(9) Don't Know (FIJ.010)

Section III - INJURIES

In this next set of questions, I will ask about INJURIES AND POISONINGS that happened in the PAST THREE MONTHS that REQUIRED MEDICAL ADVICE OR TREATMENT, including calls to a poison control center.

>**FINJ3M**<

FIJ.010   DURING THE PAST THREE MONTHS, that is since {91 days before today date}, {were/was} {you/anyone in the family} injured or poisoned seriously enough that {you/they} got medical advice or treatment?

(1) Yes   (FIJ.020)
(2) No   (FAU.010)
(7) Refused   (FAU.010)
(9) Don't Know (FAU.010)

>**PINJ3M**<

**FR: ASK OR VERIFY. ENTER APPLICABLE LINE NUMBER(S).
            ENTER (N) FOR NO MORE AFTER THE LAST NUMBER.**

FIJ.020   Who was this? (Anyone else?)

>**PINJ3M_1**<   >**PINJ3M_4**<
>**PINJ3M_2**<   >**PINJ3M_5**<
>**PINJ3M_3**<   >**PINJ3M_6**<

>**IJNO3M**<

FIJ.030   How many different times in the PAST 3 MONTHS were you injured or poisoned seriously enough to seek medical advise or treatment?

(01-91)_____ Times

[If IJNO3M@T gt 5]
FR: DO NOT READ.
{@T} **is an unusually large number. Verify entry. DO NOT PROBE. Make corrections if necessary.**

(1) Make correction
(2) Proceed   (FIJ.040)

>IJDATE<

FIJ.040   **[If FIJ.130 eq <1>]**

When did {your/subject name} injury /poisoning happen?

[If FIJ.130 gt <1> and the most recent injury is asked]

Now I'm going to ask a few question about {your/subject name} most recent injury/ poisoning.

When did it happen?

[If FIJ.130 gt <1> and the other injuries are asked]

We just talked about {your/subject name} injury /poisoning on {recent injury date}. When did {your/subject name} injury/poisoning BEFORE THAT happen?

    FR: SHOW CALENDER CARD-PROBE FOR SPECIFIC DATE

MONTH: _____

DAY: _____

YEAR: _____

>IJMED2<

FIJ.045   Where did {you/subject name} receive MEDICAL ADVICE OR TREATMENT for this injury/poisoning? Anywhere else?

    FR: SHOW FLASHCARD F3.
              MARK ALL THAT APPLY. ENTER (N) FOR NO MORE.

(1) Did not receive medical treatment or advice (FIJ.046)

(2) Phone call to doctor or health care professional

(3) Phone call to Poison Control Center

(4) Visit to Doctor's Office

(5) Visit to Clinic or Outpatient department

(6) Visit to Emergency department

(7) Hospitalized for at least one night (FIJ.047)

(97) Refused

(99) Don't know

[If FIJ.045 eq <1>]

FIJ.046

FR: Please verify:

{You / subject name} DID NOT receive any medical treatment or advice for this injury/poisoning - even a phone call to a doctor's office for advice. Is that correct?

(1) Make correction

(2) Proceed

Check item IJMED_CK: If any of IJMED__1 to IJMED__9 eq <X>, goto WHERETO;

Else , display error message <Enter N before a valid option was selected, plse re-enter> goto IJMED2@T. If IJMED2@T eq <D>, store <x> in IJMED__8, goto IJTYPE. If IJMED2@T eq <R>, store <x> in IJMED__9, goto IJTYPE]

Check item WHERETO: If IJMED__1 eq <x>, goto IJDATE (FIJ.040) for next (injury/poisoning) event or next person; When there are no more persons with (injury/poisoning)events, Goto FDMED12M (FAU.010). If IJMED__7 eq <x>, goto IHNO; if any of IJMED__2 to IJMED__6 eq <x>, goto IJTYPE.

>IHNO<

FIJ.047   How many nights {were/was} {you/subject name} in the hospital?

FR: IF "STILL IN HOSPITAL," ASK HOW MANY NIGHTS UP TO TODAY.

(01-94) 01-94 nights
(95) 95+ nights
(97) Refused
(99) Don't know

[If @N gt <60>]
FR: DO NOT READ
{N} is an unusually large number.
Verify entry. DO NOT PROBE. MAKE CORRECTIONS IF NECESSARY.

(1) Make correction
(2) Proceed

>IJTYPE<

FIJ.050   At the time, what part(s) of {your/subject name} body was/were hurt? What kind of injury/poisoning was it? Anything else?

FR: RECORD THE BODY PART, THEN THE KIND OF INJURY. RECORD UP TO FOUR PART/KIND COMBINATIONS. FOR POISONINGS AFFECTING THE WHOLE BODY, INDICATED "WHOLE BODY" UNDER BODY PART AND SUBSTANCE CAUSING THE POISONING UNDER KIND OF POISONING. ENTER (N) WHEN ALL ENTRIES HAVE BEEN MADE.

Body Part	Kind of Injury or Poisoning
>IJTYPE_1<_____	**>IJTYPE_1a<**_____
>IJTYPE_2<_____	**>IJTYPE_1b<**_____
>IJTYPE_3<_____	**>IJTYPE_1c<**_____
>IJTYPE_4<_____	**>IJTYPE_1d<**_____

>IJHOW<
FIJ.070

FR: VERIFY OR ASK:

How did {your/subject name} injury/poisoning happen? Please describe fully the circumstances or events leading to the injury/ poisoning, and any object, substance, or other person involved.

FR: ENTER THE VERBATIM RESPONSE, PROBING FOR AS MUCH DETAIL AS POSSIBLE, INCLUDING SPECIFICALLY WHAT THE PERSON WAS DOING AT THE TIME AND ALL CIRCUMSTANCES SURROUNDING THE EVENT. RECORD ALL VOLUNTEERED INFORMATION. ENTER (N) FOR NO MORE.

>IJHOW_1<_____
>IJHOW_2<_____
>IJHOW_3<_____
>IJHOW_4<_____

>CAUSNEW<
FIJ.080

FR: ENTER THE FIRST APPROPRIATE BOX WHICH DESCRIBES THE CAUSE OF THE PERSON'S INJURY/ POISONING FROM THE LIST BELOW.

(01) Transportation, including motor vehicle/bicycle/ motorcycle
　　 /pedestrian/train/boat/airplane　　　 (FIJ.090)
(02) Fire/burn/scald related　　　　　　　 (FIJ.150)
(03) Fall　　　　　　　　　　　　　　　 (FIJ.171)
(04) Poisoning　　　　　　　　　　　　　 (FIJ.195)
(05) Overexertion / strenuous movements　 (FIJ.200)
(06) Struck by object or person　　　　　　 (FIJ.200)
(07) Animal or insect bite　　　　　　　　 (FIJ.191)
(08) Cut/pierce　　　　　　　　　　　　　 (FIJ.200)
(09) Machinery　　　　　　　　　　　　　 (FIJ.200)
(10) Other　　　　　　　　　　　　　　　 (FIJ.200)
(97) Refused　　　　　　　　　　　　　　 (FIJ.200)
(99) Don't know　　　　　　　　　　　　　 (FIJ.200)

FR:　　THE NEXT SET OF QUESTIONS ARE ASKED TO VERIFY DETAILS OF THE CIRCUMSTANCES SURROUNDING THE INJURY(S). IF YOU ALREADY KNOW THE ANSWER BECAUSE OF THE VERBATIM RESPONSE FOR HOW THE INJURY(S) OCCURRED, VERIFY THE ANSWER WITH THE RESPONDENT. OTHERWISE, ASK THE QUESTION.

>MVWHO<
FIJ.090　　　　 {Were/Was} {you/subject name} injured as the driver of a vehicle, a passenger in a vehicle, a bicycle rider, or as a pedestrian?

(1) Driver of a vehicle　　 (FIJ.100)
(2) Passenger of a vehicle (FIJ.100)
(3) Bicycle rider　　　　 (FIJ.130)
(4) Pedestrian　　　　　 (FIJ.140)
(7) Refused　　　　　　 (FIJ.200)
(9) Don't know　　　　　 (FIJ.200)

>MVTYP<

FIJ.100   What type of vehicle {were/was} {you/subject name} in?

(01) Passenger car	(FIJ.120)
(02) Light truck (including pickups, vans and	
utility vehicles/SUVs)	(FIJ.120)
(03) Bus	(FIJ.200)
(04) Large truck	(FIJ.120)
(05) Motorcycles (including mopeds, minibikes)	(FIJ.130)
(06) All terrain vehicle or ski/snow-mobile	(FIJ.130)
(07) Farm equipment (tractor)	(FIJ.200)
(08) Airplane	(FIJ.200)
(09) Boat	(FIJ.200)
(10) Train	(FIJ.200)
(11) Other	(FIJ.200)
(97) Refused	(FIJ.200)
(99) Don't know	(FIJ.200)

>SBELT<

FR: VERIFY OR ASK:
[If age ge <5>]
FIJ.120   {Were/Was} {you/subject name} wearing a safety belt at the time of the accident?
[Else]
FIJ.120   {Were/Was} {you/subject name} buckled in a car safety seat at the time of the accident?
[endif]

(1) Yes
(2) No
(7) Refused
(9) Don't know

>HELMT<   **FR: VERIFY OR ASK:**
FIJ.130   {Were/Was} {you/subject name} wearing a helmet at the time of the accident?

(1) Yes
(2) No
(7) Refused
(9) Don't know

@   (FIJ.200)

>MVHIT<

FIJ.140   What type of vehicle {were/was} {you/subject name} struck by?

                 (01) Passenger car
                 (02) Light truck (including pickups, vans and utility vehicles)
                 (03) Bus
                 (04) Large truck
                 (05) Motorcycle (including mopeds and minibikes)
                 (06) All terrain vehicle or ski or snow-mobile
                 (07) Farm equipment (tractor)
                 (08) Bicycle
                 (09) Train
                 (10) Boat (includes all on water vehicles)
                 (11) Other
                 (97) Refused
                 (99) Don't know

                 (Go to FIJ.200)

>BURN<

FIJ.150   What was it that burned/scalded {you/subject name}?

                 FR: IF RESPONSE IS FIRE OR ⋯⋯

                 What caused the fire/smoke?

                 (01) Cigarette, cigar, pipe
                 (02) Cooking unit
                 (03) Heater
                 (04) Wiring
                 (05) Motor ve⋯ ⋯ ⋯ tery caps,⋯
                 (06) Firewo⋯
                      Other exp⋯
                      ⋯ ater or stea⋯
                 (09) Food
                 (⋯⋯
                 (11) Other
                 (97) Refused
                 (99) Don't know

                 (Go to FIJ.2⋯)

>FALLNEW<   **FR: VERIFY OR ASK. SHOW FLASHCARD F4. RECORD UP TO 2 RESPONSES: ENTER (N) FOR NO MORE.**

FIJ.171   How did {you/subject name} fall? Anything else?

On, down, from or into:

(01) Stairs, steps or Escalator   (06) Building or other structure
(02) Floor/level ground   (07) Chair, bed, sofa or other furniture
(03) Curb, including sidewalk   (08) Bathtub, shower, toilet or commode
(04) Ladder or scaffolding   (09) Hole or other opening
(05) Playground equipment   (10) Other
                                         (97) Refused
                                         (99) Don't know

>FWHY<

FIJ.180   What caused {you/subject name} to fall? Was it due to:

(1) Slipping, tripping or stumbling
(2) Jumping or diving
(3) Collision with/pushing, shoving by another person
(4) Loss of balance/dizziness/becoming faint/seizure
(5) Or something else
(7) Refused
(9) Don't know

(Go to FIJ.200)

>ANIMAL<

FIJ.191   What type of animal or insect bit {you/subject name}?

(01) Dog
(02) Cat
(03) Poisonous snake/reptile
(04) Nonpoisonous snake/reptile
(05) Unknown snake/reptile
(06) Poisonous insect
(07) Nonpoisonous insect
(08) Unknown insect
(09) Rodent
(10) Other
(97) Refused
(99) Don't know

(Go to FIJ.200)

>**POITP**<   **FR: SHOW FLASHCARD F5.**

FIJ.195   Did {your/subject name} poisoning result from:

                 (01) a drug or medical substance used mistakenly or in overdose

                 (02) a harmful or toxic solid or liquid substance

                 (03) inhaling gases or vapors

                 (04) eating a poisonous plant or other substance mistaken for food

                 (05) a venomous animal or plant

                 (06) Food poisoning

                 (07) Allergic Reaction

                 (08) Something else

                 (97) Refused

                 (99) Don't know

                 (Go to FIJ.200)

>**WHAT**<   **FR: VERIFY OR ASK. SHOW FLASHCARD F6. RECORD UP TO 2 RESPONSES: ENTER (N) FOR NO MORE.**

FIJ.200   What {were/was} {you/subject name} doing when the injury/poisoning happened?

(01) Driving or riding in a motor vehicle	(07) Leisure activity (excluding sports)
02) Working at paid job	(08) Sleeping, resting,
(03) Working around the	eating, drinking
house or yard	(09) Cooking
(04) Attending school	(10) Being cared for(hands on
(05) Unpaid work (incl. housework,	care from other person)
shopping, volunteer work)	(11) Other
(06) Sports (organized team or	(97) Refused
individual sport such as	(99) Don't know
running, biking, skating)	

             (Go to FIJ.221)

>WHERNEW<   **FR: VERIFY OR ASK. SHOW FLASHCARD F7. RECORD UP TO 2 RESPONSES: ENTER (N) FOR NO MORE.**

FIJ.221   Where (were/was} {you/subject name} when the injury/poisoning happened?

(01) Home (inside)   (11) Farm
(02) Home (outside)   (12) Park/recreation area (fields,
(03) School (not residential)   bike or jog path)
(04) Child care center or Preschool   (13) River/lake/stream/ocean
(05) Residential institution   (14) Industrial or construction area
     (excl. hosp.)   (15) Other public building
(06) Health care facility   (16) Other
     (incl. hospital)   (97) Refused
(07) Street/highway   (99) Don't know
(08) Parking lot
(09) Sport facility, ath.
     field or playground
(10) Trade and service areas
     (shopping center, restaurant,
     store, bank, gas station)

(Go to FIJCCI1)

Check item FIJCCI1 :   **If AGE > 13 then goto WKLS; Else if AGE > 4 and AGE < 14 then goto SCLS; Else if AGE < 5 then return to IJDATE (FIJ.040) for next (injury/poisoning) event or next person. When there are no more persons with (injury/poisoning)events, Goto FDMED12M (FAU.010)**

>WKLS<   **FR: SHOW FLASHCARD F8.**
FIJ.260   As a result of this injury/poisoning, how much work did {you/subject name} miss?

(1) Not employed at the time of the injury/poisoning
(2) None
(3) Less than 1 day
(4) One to five days
(5) Six or more days
(7) Refused
(9) Don't know

(Go to FIJ.270)

>SCLS<

FIJ.270 **FR: SHOW FLASHCARD F9.**

As a result of this injury/poisoning, how much school did {you/subject name} miss?

(1) Not in school at the time of the injury/poisoning
(2) None
(3) Less than 1 day
(4) One to five days
(5) Six or more days
(7) Refused
(9) Don't know

>IJADL<

FIJ.280 As a result of this injury/poisoning {do/does} {you/subject name} now need the help of other persons with {your/his/her} personal care needs, such as eating, bathing, dressing or getting around this home?

(1) Yes   (FIJ.285)
(2) No   (FIJ.290)
(7) Refused   (FIJ.290)
(9) Don't know (FIJ.290)

>LIMTM<

FIJ.285 Do you expect {you/subject name} will need this help for a total of 6 months or longer?

(1) Yes
(2) No
(7) Refused
(9) Don't know

>IJIAD<

FIJ.290 As a result of this injury/poisoning {do/does} [you/subject name} now need the help of other persons in handling routine needs such as everyday household chores, doing necessary business, shopping or getting around for other purposes?

(1) Yes   (FIJ.295)
(2) No   (FIJ.040/FAU.010)
(7) Refused   (FIJ.040/FAU.010)
(9) Don't know (FIJ.040/FAU.010)

>HLIMT<

FIJ.295 Do you expect {you/subject name} will need this help for a total of 6 months or longer?

(1) Yes   (FIJ.040/FAU.010)
(2) No   (FIJ.040/FAU.010)
(7) Refused   (FIJ.040/FAU.010)
(9) Don't know   (FIJ.040/FAU.010)

Section IV - HEALTH CARE ACCESS AND UTILIZATION
Part A - ACCESS TO CARE

>**FDMED12M**<

-FDMED12M-   The following questions are about the use of health care. Do not include dental care.

FAU.010   DURING THE PAST 12 MONTHS, {have you/has medical care been delayed for anyone in the family} because of worry about the cost?

    (1) Yes   (FAU.020)
    (2) No   (FAU.030)
    (7) Refused   (FAU.030)
    (9) Don't know   (FAU.030)

>**PDMED12M**<
-PDMED12M-

FR: ASK OR VERIFY. ENTER APPLICABLE LINE NUMBER(S).
ENTER (N) FOR NO MORE AFTER THE LAST NUMBER.

FAU.020   For which family member was medical care delayed? (Anyone else?)

    >**PDMED121**<   >**PDMED126**<
    >**PDMED122**<   >**PDMED127**<
    >**PDMED123**<   >**PDMED128**<
    >**PDMED124**<   >**PDMED129**<
    >**PDMED125**<   >**PDMED130**<

>**FNMED12M**<
-FNMED12M-
FAU.030   DURING THE PAST 12 MONTHS, was there any time when {you/someone in the family} needed medical care, but did not get it because {you/the family} couldn't afford it?

    (1) Yes   (FAU.040)
    (2) No   (FAU.050)
    (7) Refused   (FAU.050)
    (9) Don't know   (FAU.050)

>**PNMED12M**<
-PNMED12M-

FR: ASK OR VERIFY. ENTER APPLICABLE LINE NUMBER(S).
ENTER (N) FOR NO MORE AFTER THE LAST NUMBER.
FAU.040   Who didn't get needed care? (Anyone else?)

    >**PNMED121**<   >**PNMED126**<
    >**PNMED122**<   >**PNMED127**<
    >**PNMED123**<   >**PNMED128**<
    >**PNMED124**<   >**PNMED129**<
    >**PNMED125**<   >**PNMED130**<

Part B: HOSPITAL UTILIZATION

>**FHOSPYR**<
-FHOSPYR-
FAU.050   DURING THE PAST 12 MONTHS {were/was} {you/anyone in the family} a patient in a hospital
             OVERNIGHT? (Do not include an overnight stay in the emergency room.)
             [If there is a child < 1 year old in the family add]
             Remember to include any new mothers and/or babies who were
             hospitalized for the baby's birth.

             (1) Yes   (FAU.060)
             (2) No   (FAU.120)
             (7) Refused   (FAU.120)
             (9) Don't know   (FAU.120)

>**PHOSPYR**<
-PHOSPYR-

             FR: ASK OR VERIFY. ENTER APPLICABLE LINE NUMBER(S).
             ENTER (N) FOR NO MORE AFTER THE LAST NUMBER.

FAU.060   Who was in a hospital overnight? (Anyone else?)

             >**PHOSPYR1**<   >**PHOSPYR6**<
             >**PHOSPYR2**<   >**PHOSPYR7**<
             >**PHOSPYR3**<   >**PHOSPYR8**<
             >**PHOSPYR4**<   >**PHOSPYR9**<
             >**PHOSPYR5**<   >**PHOSPYR10**<

>**HOSPNO**<
-HOSPNO-
FAU.070   How many different times did {you/subject name} stay in any hospital overnight or longer
             DURING THE PAST 12 MONTHS?

             (1-365) 1-365 Times
             (997) Refused
             (999) Don't Know

             [If @T gt <10>]
             FR: DO NOT READ.
             {@T} is an unusually large number.
             Verify entry. DO NOT PROBE. Make corrections if necessary.

             (1) Make correction
             (2) Proceed

>HPNITE<
-HPNITE-

FAU.110   Altogether how many nights was {subject name} in the hospital DURING THE PAST 12
           MONTHS?

           (1-365) 1-365 Nights
           (997) Refused
           (999) Don't Know

           [If @N gt <50>]
           FR: DO NOT READ.
           {@N} is an unusually large number.
           Verify entry. DO NOT PROBE. Make corrections if necessary.

           (1) Make correction
           (2) Proceed

>HPVER<
-HPVER-

FAU.115   **FR: DO NOT READ.**

           [fill HPNITE@N] is less than the total number of times just
           reported that [fill F_DTEMPNAME] stayed in a hospital overnight.
           PROBE TO CORRECT.

           (1) Increase total number of nights in hospital
           (2) Decrease total number of times [fill F_TEMPNAME]
              stayed in a hospital
           (3) Proceed without correcting

Check item NEXT_HOSP: Go to for next person at FAU.060. When no more people, go to FAU.120

PART C - HEALTH CARE CONTACTS

>FHCHM2W<

-FHCHM2W-   These next questions are about health care received during the 2 WEEKS outlined on that calendar. Include care from ALL types of medical doctors, such as dermatologists, psychiatrists, ophthalmologists, and general practitioners. Also include care from OTHER health professionals such as nurses, physical therapists, and chiropractors. Do not include dental care.

FAU.120   **[If FHOSPYR eq <1>]**
Do not include care while an overnight patient in a hospital.
[endif]
During those 2 WEEKS, did {you/anyone in the family} receive care

AT HOME from a nurse or other health care professional?
[If any children born during the interview week]
Please exclude any baby born since {starting date of the interview week, current year}.

(1) Yes   (FAU.130)
(2) No   (FAU.150)
(7) Refused   (FAU.150)
(9) Don't know   (FAU.150)

>PHCHM2W<

-PHCHM2W-   **FR: ASK OR VERIFY. ENTER APPLICABLE LINE NUMBER(S).**
ENTER (N) FOR NO MORE AFTER THE LAST NUMBER.

FAU.130   Who received care at home? (Anyone else?)

>PHCHM2W_1<	**>PHCHM2W_6<**
>PHCHM2W_2<	**>PHCHM2W_7<**
>PHCHM2W_3<	**>PHCHM2W_8<**
>PHCHM2W_4<	**>PHCHM2W_9<**
>PHCHM2W_5<	**>PHCHM2W10<**

>PHCHMN2W<

-PHCHMN2W-

FAU.140   How many home visits did {subject's name} receive during those 2 WEEKS?
(01-49) 01-49 Visits
(50) 50+
(97) Refused
(99) Don't Know

[If @N gt <14>]
FR: DO NOT READ.
{@V} is an unusually large number.
Verify entry. DO NOT PROBE. Make corrections if necessary.

(1) Make correction
(2) Proceed

>FHCPH2W<

-FHCPH2W-

FAU.150   During those 2 WEEKS, did {you/anyone in the family} get any medical advice or test results over the PHONE from a doctor, nurse, or other health care professional?
Do not Include phone calls to make appointments, for billing questions or for prescription refills.

(1) Yes   (FAU.160)
(2) No   (FAU.180)
(7) Refused   (FAU.180)
(9) Don't know   (FAU.180)

>PHCPH2W<

-PHCPH2W-   **FR: ASK OR VERIFY. ENTER APPLICABLE LINE NUMBER(S).**
ENTER (N) FOR NO MORE AFTER THE LAST NUMBER.

FAU.160   Who was the phone call about? (Anyone else?)

>PHCPH2W_1< >PHCPH2W_6<
>PHCPH2W_2< >PHCPH2W_7<
>PHCPH2W_3< >PHCPH2W_8<
>PHCPH2W_4< >PHCPH2W_9<
>PHCPH2W_5< >PHCPH2W10<

>PHCPHN2W<

-PHCPHN2W-

FAU.170   During those 2 WEEKS, how many telephone calls

[If single person family]
did you make?
[else]
were made about {subject name}?

(01-49) 01-49 Calls
(50) 50+
(97) Refused
(99) Don't Know

[If @C gt <14>]
FR: DO NOT READ.
{@C} is an unusually large number.
Verify entry. DO NOT PROBE. Make corrections if necessary.

(1) Make correction
(2) Proceed

>FHCDV2W<

-FHCDV2W-

FAU.180   During those 2 WEEKS, did {you/anyone in the family} see a doctor or other health care professional at a doctor's OFFICE, a clinic, an emergency room, or some other place? (Do not include times during an overnight hospital stay.)

      (1) Yes   (FAU.190)
      (2) No   (FAU.210)
      (7) Refused   (FAU.210)
      (9) Don't know   (FAU.210)

>PHCDV2W<

-PHCDV2W-   **FR: ASK OR VERIFY. ENTER APPLICABLE LINE NUMBER(S).**
                  ENTER (N) FOR NO MORE AFTER THE LAST NUMBER.

FAU.190   Who received care? (Anyone else?)

      >PHCPV2W_1< >PHCPV2W_6<
      >PHCPV2W_2< >PHCPV2W_7<
      >PHCPV2W_3< >PHCPV2W_8<
      >PHCPV2W_4< >PHCPV2W_9<
      >PHCPV2W_5< >PHCPV2W10<

>PHCDVN2W<

-PHCDVN2W-

FAU.200   How many times did {subject name} visit a doctor or other health care professional during those 2 WEEKS?

      (01-49) 01-49 Times
      (50) 50+
      (97) Refused
      (99) Don't Know

      [If @T gt <14>]
      FR: DO NOT READ.
      {@T} is an unusually large number.
      Verify entry. DO NOT PROBE. Make corrections if necessary.

      (1) Make correction
      (2) Proceed

>F10DVYR<

-F10DVYR-

FAU.210   During the past 12 MONTHS did {you/any member of the family} receive care from doctors or other health care professionals 10 or more times?

      (1) Yes   (FAU.220)
      (2) No   (FHICOV)
      (7) Refused   (FHICOV)
      (9) Don't know   (FHICOV)

>P10DVYR<

-P10DVYR- **FR: ASK OR VERIFY. ENTER APPLICABLE LINE NUMBER(S).**
ENTER (N) FOR NO MORE AFTER THE LAST NUMBER.

FAU.220   Who received care 10 or more times? (**exclude telephone calls**?), (Anyone else?)

>P10DVYR_1<   >P10DVYR_6<
>P10DVYR_2<   >P10DVYR_7<
>P10DVYR_3<   >P10DVYR_8<
>P10DVYR_4<   >P10DVYR_9<
>P10DVYR_5<   >P10DVYR10<

(go to next section)

Section V - HEALTH INSURANCE

>FHICOV<   **FR: SHOW FLASHCARD F10.**

FHI.010   The next questions are about health insurance.
                 {Are you/Is anyone} covered by any kind of health insurance or some other kind of health care
                 plan?

FR: **READ IF NECESSARY: INCLUDE HEALTH INSURANCE OBTAINED THROUGH**
                 EMPLOYMENT OR PURCHASED DIRECTLY AS WELL AS GOVERNMENT
                 PROGRAMS LIKE MEDICARE AND MEDICAID THAT PROVIDE MEDICAL CARE
                 OR HELP PAY MEDICAL BILLS.

                 (1) Yes (FHI.070)
                 (2) No
                 (7) Refused
                 (9) Don't know

>HIKIND<

FHI.070   What kind of health insurance or health care coverage {do/does} {you/subject name} have?
                 INCLUDE those that pay for only one type of service (nursing home care, accidents, or dental
                 care), exclude private plans that only provide extra cash while hospitalized.

FR: **ENTER (N) FOR NO MORE ENTER EACH NUMBER THAT APPLIES. PLEASE REFER TO**
                 FLASHCARDS F10 AND F11 FOR YOUR STATE.
                 _A (01) Private health insurance plan from employer or workplace
                 _B (02) Private health insurance plan purchased directly
                 _C (03) Private health insurance plan through a State or
                       local government program or community program
                 _D (04) Medicare
                 _E (05) Medi-Gap
                 _F (06) Medicaid
                 _G (07) CHIP (Children's Health Insurance Program)
                 _H (08) Military health care/VA
                 _I (09) TRICARE/CHAMPUS/CHAMP-VA
                 _J (10) Indian Health Service
                 _K (11) State-sponsored health plan
                 _L (12) Other government program
                 _M (13) Single service plan (e.g., dental, vision, prescriptions)
                 _N (14) No Coverage of any type

                 (Anything else?)

>HIKIND_ERR<

FHI.072   No Health Insurance was selected yet!

                 Enter (B) to backup

>HIKIND_ERR1<

FHI.073   {"Refused"/"Don't know"} response not permitted with other answers

                 Enter (B) to backup

>HIKIND_ERR2<

FHI.074   Cannot mark "No coverage of any kind" and another type

                    Enter (B) to backup

>HICHANGE<   **(Health insurance verification screen)**

FHI.075   I have recorded {you/subject name} {are/is} {covered/not covered} by [refer to HIKIND for appropriate fill]

                    Is this correct?

                    (1) Yes
                    (2) No {go to HIKIND}
                    (7) Refused
                    (9) Don't know

Check item FHICCI3:   **Medicare coverage. CAPI: Loop through every non-deleted non Armed Forces family member roster: 1. If the person with MEDI-GAP (HIKIND@e eq <X>) and without MEDICARE (HIKIND@d ne <X>), go to Check item FHICCI35 [store MEDICARE to that person (HIKIND@d = <2) If the person with MEDICARE (HIKIND@d eq <X>),goto Check item FHICCI35.**
                                3. If the person without MEDICARE (HIKIND@d eq < >), [goto FHICCI4].

Check item FHICCI35:   **If Family Respondent (HHSTAT7=B) go to MCNO; else go to MCPART.**

>MCNO<

FHI.080   Earlier I recorded that you are covered by Medicare. May I please see your Medicare card to determine the type of coverage and to record the Health Ins. Claim Number?
This number is needed to allow Medicare records of the Centers for Medicare and Medicaid Services to be easily and accurately located and identified for statistical or research purposes. We may also need to link it with other records in order to re-contact you. Except for these purposes, NCHS will not release your Health Insurance Claim Number to anyone, including any other government agency. Providing the Health Insurance Claim Number is voluntary and collected under the authority of the Public Health Service Act. Whether the number is given or not, there will be no effect on your benefits. This number will be held in strict confidence.

          FR: IF NECESSARY: THE PUBLIC HEALTH SERVICE ACT IS TITLE 42, UNITED STATES CODE, SECTION 242K.

          Claim numbers_____

>MCPART<

FHI.090   **[IF HHSTAT7 ne B]**

Earlier I recorded that {you/subject name} {are/is} covered by Medicare. May I please see {your/subject name} Medicare card to determine the type of coverage?

[ELSE] FR: FILL IN APPROPRIATE COVERAGE TYPE BELOW

(1) Part A - Hospital Only   (FHICCI4)
(2) Part B - Medical Only   (FHI.095)
(3) Both Part A & Part B (FHI.095)
(4) Card Not Available (FHI.095)
(7) Refused (FHI.095)
(9) Don't know (FHI.095)

>MCCHOICE<

FHI.095   {Are/Is}{you/subject name} enrolled in a Medicare Plus Choice plan or option?

(1) Yes
(2) No
(R) Refused
(D) Don't know

>MCHMO<   **FR: READ: DO YOU HAVE YOUR HEALTH PLAN CARD OR SOMETHING WITH THE PLAN NAME ON IT?**

FHI.100   {Are/Is} {You/subject name} under a Medicare managed care arrangement, such as an HMO, that is, a Health Maintenance Organization? (With an HMO, you must generally receive care from HMO doctors, otherwise the expense is not covered unless you were referred by the HMO or there was a medical emergency).

(1) Yes
(2) No
(7) Refused
(9) Don't know

[If @is eq <1>]

FHI.110   What is the name of the HMO?

Name_____

>MCREF<

FHI.114   If{you/subject name} {need/s} to go to a different doctor or place for special care, {do/does} {you/he/she} need approval or a referral? (Do not include emergency care.)

(1) Yes
(2) No
(7) Refused
(9) Don't know

>MCPAYPRE<

FHI.116   Besides {Your/subject name} Medicare insurance, {are/is} {You/subject name} paying an additional monthly or yearly premium to receive a more comprehensive health benefit plan?

         (1) Yes
         (2) No
         (7) Refused
         (9) Don't know

Check item FHICCI4:   If the person with MEDICAID (HIKIND_F eq <X>) then [If MACHMD@NAME eq < >, goto MACHMD@NAME; Else, goto MACHMD] If the person hs no MEDICAID, goto FHICCI41.

>MACHMD<   **FR: READ: DO YOU HAVE YOUR HEALTH PLAN CARD OR SOMETHING WITH HE PLAN NAME ON IT? FR: REFER TO FLASHCARD F11 FOR STATE MEDICAID NAMES.**

FHI.120   The next questions are about Medicaid coverage. In this State it is also called (state name). {You/Subject name} {are/is} listed as having Medicaid coverage. Can {you/subject name} go to ANY doctor who will accept Medicaid or MUST {you/he/she} choose from a book or list of doctors or is a doctor assigned?

         (1) Any doctor
         (2) Select from book/list
         (3) Doctor is assigned
         (7) Refused
         (9) Don't know

         [If @is eq <2>]
FHI.130   **FR: ASK or VERIFY:**

         What is the name of the health plan that provided the book or list?
         _____Name

         [If @is eq <3>]
FHI.130   **FR: ASK or VERIFY**

         What is the name of the health plan that assigned the doctor?
         _____Name2

>MANAM<
FHI.132   **FR: WAS THE HEALTH PLAN NAME OBTAINED FROM A HEALTH PLAN CARD OR SOMETHING WITH A HEALTH PLAN NAME ON IT?**

         (1) Yes
         (2) No

>MAPCMD<

FHI.140 {Are/Is} {you/subject name} required to sign up with a certain primary care doctor, group of doctors, or certain clinic which {you/he/she} must go to for all of {your/his/her} routine care?

(Do not include emergency care or care from a specialist {you/he/she} was referred to).

(1) Yes
(2) No
(7) Refused
(9) Don't know

>MAREF<

FHI.150 If {you/subject name} {need/needs} to go to a different doctor or place for special care, (do/does} {you/he/she} need approval or a referral?

(Do not include emergency care.)

(1) Yes
(2) No
(7) Refused
(9) Don't know

Check item FHICC141: Single Service Coverage - Loop through the family member roster: If any person with -Single Service plan (HIKIND_M eq <x> then [goto SSTYPE] Else [goto FHICCI5]

>SSTYPE2<

FHI.156 What type of service or care do {your/subject name} single service plan or plans pay for? (Mark all that apply)

    FR: SHOW FLASHCARD F12

    _1 (1) Accidents (**FHICCI5**)
    _2 (2) AIDS care (**FHICCI5**)
    _3 (3) Cancer treatment (**FHICCI5**)
    _4 (4) Catastrophic care (**FHICCI5**)
    _5 (5) Dental care (**FHICCI5**)
    _6 (6) Disability insurance (cash payments when unable to work
        for health reasons) (**FHICCI5**)
    _7 (7) Hospice care (**FHICCI5**)
    _8 (8) Hospitalization only (**FHICCI5**)
    _9 (9) Long-term care (nursing home care)(**FHICCI5**)
    _10(10) Prescriptions (**FHICCI5**)
    _11(11) Vision care (**FHICCI5**)
    _12(12) Other - Specify (**FHI.157**)
    (97) Refused (**FHICCI5**)
    (99) Don't know (**FHICCI5**)

>**SSOTHER**<
FHI.157

FR: SPECIFIED OTHER TYPE OF SERVICE_____

Check item FHICCI5: Private Coverage. Loop through the family member roster: If any person with Private health insurance plan from employer or workplace (HIKIND_A eq <X>), Private health insurance plan purchased directly (HIKIND_B eq <X>), Private health insurance plan through a State or local government program or community program (HIKIND_C eq <X>), Medi-gap (HIKIND_E eq <X>) then [goto FHICCI6]; Else [goto FHICCI7].

>**FHICCI6**<

The next questions are about private health insurance plans obtained through work, purchased directly, or through a state or local government program or community program.
[If more than 1 person have private insurance plan]
We have the following persons listed as being covered by such plans: **FR: READ NAMES.**
[endif]
[List family members name with HIKIND_A, HIKIND_B, HIKIND_C or HIKIND_E eq <X>]

FR: PRESS (P) TO PROCEED.

>**HIPNAM**<
FHI.160   It is important that we record the complete and accurate name of each health insurance plan. What is the COMPLETE name of the first plan?
FR: REMIND RESPONDENT IF NECESSARY:
Do NOT include plans that only provide extra cash while in the hospital or plans that pay for only one type of service, such as nursing home care, accidents, or dental care.
FR: READ: DO YOU HAVE YOUR HEALTH PLAN CARD OR SOMETHING WITH THE PLAN NAME ON IT?

_____Name   (FHI.160.1)

>**PCARD1**<
FHI.160.1

FR: DO NOT READ TO RESPONDENT
WAS THE HEALTH PLAN NAME OBTAINED FROM A HEALTH PLAN CARD
OR SOMETHING WITH A HEALTH PLAN NAME ON IT?

(1) Yes
(2) No

>**HIPNAM_B**<
FHI.170   Which family members are covered by that plan?
FR: MARK "X" ALL THAT APPLY.

[List family members name with HIKIND_A, HIKIND_B, HIKIND_C or
HIKIND_E eq <X>]

>MORPLAN<

          FR: ASK IF NECESSARY:

FHI.171   Are there any more health insurance plans?
          [fill HIPNAM@name]

          (1) Yes
          (2) No

>NEXTPNM<

FHI.172   What is the name of the next plan?

          _____Name

>PCARD2<

FHI.172.1   **FR: DO NOT READ TO RESPONDENT**
          WAS THE HEALTH PLAN NAME OBTAINED FROM A HEALTH PLAN CARD OR
          SOMETHING WITH A HEALTH PLAN NAME ON IT?

          (1) Yes
          (2) No

>NEXTPNM_B<

          Plan Name: [fill {NEXTPNM}]

FHI.173   Which family members are covered by that plan?
          FR: MARK "X" ALL THAT APPLY.

          [List family members name with HIKIND_A, HIKIND_B, HIKIND_C or
          HIKIND_E eq <X>]

>MORPLAN2<

          FR: ASK IF NECESSARY

FHI.174   Are there any more health insurance plans in addition to those already mentioned?
          [fill HIPNAM@name]
          [fill NEXTPNM@name]

          (1) Yes
          (2) No

>NEXTPNM2<

FHI.175   What is the name of the next plan?
          _____Name

>PCARD3<

FHI.175.1   **FR: DO NOT READ TO RESPONDENT**
          WAS THE HEALTH PLAN NAME OBTAINED FROM A HEALTH PLAN CARD OR
          SOMETHING WITH A HEALTH PLAN NAME ON IT?

          (1) Yes
          (2) No

>NEXTPNM2_B<

FHI.176   Which family members are covered by that plan?
            FR: MARK "X" ALL THAT APPLY.

            **[List family members name with HIKIND_A, HIKIND_B, HIKIND_C or
HIKIND_E eq <X>]**

>MORPLAN3<

            FR: ASK IF NECESSARY:

FHI.177   Are there any more health insurance plans in addition to those already mentioned?
            [fill HIPNAM@name]
            [fill NEXTPNM@name]
            [fill NEXTPNM2@name]

            (1) Yes
            (2) No

>NEXTPNM3<

FHI.178   What is the name of the next plan?

            _____Name

>PCARD4<

FHI.178.1   **FR: DO NOT READ TO RESPONDENT
WAS THE HEALTH PLAN NAME OBTAINED FROM A HEALTH PLAN CARD OR
SOMETHING WITH A HEALTH PLAN NAME ON IT?**

            (1) Yes
            (2) No

>NEXTPNM3_B<
            Plan Name: [fill {NEXTPNM3}]

FHI.179   Which family members are covered by that plan?
            FR: MARK "X" ALL THAT APPLY.

            **[List family members name with HIKIND_A, HIKIND_B, HIKIND_C or
HIKIND_E eq <X>]**

Check item FHICCI7:   If any private insurance covered person wasn't list on any of the
                 above plans, [goto HIVER1]. If there are no such persons, [goto FHICCI8]

>HIVER1<

FHI.180   {Subject name} is listed as having private insurance but was not mentioned as being covered by
            any of the plans we just discussed. Is {subject name} covered by private insurance?

            (1) Yes (FHI.190)
            (2) No (FHI.070)
            (7) Refused (FHI.070)
            (9) Don't know (FHI.070)

>HIVER2<

FHI.190   Is the health insurance plan of {subject name} the same as one of those already mentioned?

FR: MARK "X" ANY THAT APPLY.

[fill HIPNAM, NEXTPNM, NEXTPNM2]
@1 [fill HIPNAM]
@2 [fill NEXTPNM] (if available)
@3 [fill NEXTPNM2] (if available)
@4 [fill NEXTPNM3] (if available)
@5 Some other plan not already mentioned

>FHICCI8<

[If the first plan name (ie. from item HIPNAM)]
Now I am going to ask some questions about the {plan/plans} you
just told me about,{ /starting with} [fill plan name].
[else]
Next I would like to ask you about [fill plan name].
[endif]

FR: PRESS (P) TO PROCEED.

>FHI200<   Subject: Family [fill family number]
               Respondent: [fill {HRFHI} name]
               Plan name: [fill plan name]

FHI.200   Health insurance plans are usually obtained in one person's name even if other family members are
covered. That person is called the policy holder. In whose name is this plan?

FR: ENTER LINE NUMBER OF FAMILY MEMBER (FROM LIST BELOW).
IN WHOSE NAME THIS PLAN IS HELD.

(0) Policyholder outside of family
Person Number:_____

>PLNWRK<

Plan name: [fill plan name]

FHI.210   Was this plan originally obtained through the workplace, such as through a present or former
employer or union?

FR: IF "YES" PROBE FOR EMPLOYER OR UNION.

(1) Employer
(2) Union
(3) Through workplace, but don't know if employer or union
(4) Through workplace, self-employed or professional association
(5) No
(7) Refused
(9) Don't know

>PLNPAY<   Plan name: [fill plan name]

FHI.220   Who pays for this health insurance plan?

                    FR: ENTER ALL THAT APPLY. ENTER (N) FOR NO MORE.
                    IF GOVERNMENT PROGRAM IS REPORTED, PROBE FOR MEDICARE OR
                    MEDICAID OR CHIP BEFORE ENTERING CODE 7. IF GOVERNMENT IS THE
                    EMPLOYER, ENTER CODE 2.

                    (1) Self or Family   (FHI.230)
                    (2) Employer or Union   (FHI.240)
                    (3) Someone outside the household   (FHI.240)
                    (4) Medicare   (FHI.240)
                    (5) Medicaid   (FHI.240)
                    (6) CHIP (Children's Health Insurance Program)(FHI.240)
                    (7) State or local government or community program (FHI.240)
                    (97) Refused   (FHI.240)
                    (99) Don't know (FHI.240)

                    >PLNPAY_1<   >PLNPAY_6<
                    >PLNPAY_2<   >PLNPAY_7<
                    >PLNPAY_3<   >PLNPAY_8<
                    >PLNPAY_4<   >PLNPAY_9<
                    >PLNPAY_5<   >PLNPAY10<

>HICOST<

FHI.230   How much does your family currently spend for health insurance premiums for {plan name}?
                    Please include payroll deductions for premiums.   (H)

                    Number   Time Period

                    ($1-$9,999)   (1) Once a week
                                            (2) Once every two weeks
                                            (3) Once a month
                                            (4) Twice a month
                                            (5) Every 2 months
                                            (6) Quarterly (every 3 months)
                                            (7) Once a Year
                                            (8) Twice a year

Check item: If FHI.230=97, 99 goto FHI.232; else goto FHI.240

>PLNMGD<

FHI.240   Is {plan name} an HMO (Health Maintenance Organization), an IPA (Individual Practice Association), a PPO (Preferred Provider Organization), a POS (Point-Of-Service), fee-for-service, or Indemnity or is it some other kind of plan?

        (1) HMO/IPA
        (2) PPO
        (3) POS
        (4) Fee-for-service/indemnity
        (5) Other
        (7) Refused
        (9) Don't know

>MGCHMD<

      Respondent: [fill {HRFHI} name] Plan Name: [fill plan name]

FHI.242   Under this plan, can {you/the family member(s) with this plan} choose ANY doctor or MUST {you/they} choose one from a specific group or list of doctors?

        (1) Any doctor (FHI.244)
        (2) Select from group/list (FHI.246)
        (7) Refused
        (9) Don't know

>MGPRMD<   Respondent: [fill {HRFHI} name]
                        Plan Name: [fill Plan name]

FHI.244   {Do you/Does the family member(s)with this plan} have the option of choosing a doctor from a preferred or select list at a lower cost?

        (1) Yes
        (2) No
        (7) Refused
        (9) Don't know

        (FHI.248)

>MGPYMD<

      Respondent: [fill {HRFHI} name]
      Plan Name: [fill Plan name]

FHI.246   If {you/the family member(s) with this plan} select a doctor who is not in the plan, will {plan name} pay for any part of the cost?

        (1) Yes
        (2) No
        (7) Refused
        (9) Don't know

>MGPREF<

    Respondent: [fill {HRFHI} name]

    Plan Name: [fill Plan name]

FHI.248   When you or a family member with this plan need to go to a different doctor or place for special care, do you or the family member need approval or a referral? (Do not include emergency care.)

    (1) Yes

    (2) No

    (7) Refused

    (9) Don't know

Check item FHICCI95:   Loop through each non-deleted family member: if any member with HIKIND_G or HIKIND_K or HIKIND_L eq <X>, goto STNAME; Else goto FHICCI97.

>STNAME<

    Respondent: [fill {HRFHI} name]

FHI.250   Earlier I recorded that {you/subject name} {are/is} covered by CHIP, a state-sponsored or other public program (other than Medicaid) that pays for health care.

    What is the name of the plan?_____

>FHICCI97<   Loop through each non-deleted family member.

    If HIKIND_N eq <x>, goto HILAST;

    If HIKIND_M eq <x> and any of HIKIND_A to HIKIND_L eq <X>,

    goto HINOTYR;

    else goto HILAST.

>HILAST<

    Respondent: [fill {HRFHI/fam.resp} name]

    FR: SHOW FLASHCARD F13.

FHI.270   Not including Single Service Plans, about how long has it been since {you/subject name} last had health care coverage?

    (1) 6 months or less

    (2) More than 6 months, but not more than 1 year ago

    (3) More than 1 year, but not more than 3 years ago

    (4) More than 3 years

    (5) Never

    (7) Refused

    (9) Don't know

>HISTOP<

Respondent: [fill {HRFHI/fam.resp} name]

FHI.280   Which of these are reasons {you/subject name} stopped being covered or {do/does} not have health insurance?
FR: SHOW FLASHCARD F14. ENTER UP TO 5 REASONS. ENTER (N) FOR NO MORE.

   (1) Person in family with health insurance lost job or
        changed employers
   (2) Got divorced or separated/death of spouse or parent
   (3) Became ineligible because of age/left school
   (4) Employer does not offer coverage/or not eligible
        for coverage
   (5) Cost is too high
   (6) Insurance company refused coverage
   (7) Medicaid/Medical plan stopped after pregnancy
   (8) Lost Medicaid/Medical plan because of new job or
        increase in income
   (9) Lost Medicaid (other)
   (10) Other (specify) @SPC
   (97) Refused
   (99) Don't know

   @1   @2   @3   @4   @5

>HINOTYR<
FHI.300   In the PAST 12 MONTHS, was there any time when {you/subject name} did NOT have ANY health insurance or coverage?

   (1) Yes   (FHI.310)
   (2) No   (FHI.320)
   (7) Refused   (FHI.320)
   (9) Don't know   (FHI.320)

>HINOTMYR<
FHI.310   In the PAST 12 MONTHS, about how many months {were/was} {you/subject name} without coverage?
FR: IF LESS THAN 1 MONTH, ENTER (1).

   (01-12) 1-12 months
   (97) Refused
   (99) Don't know

>HCSPFYR<

FR: SHOW FLASHCARDS F15. READ EACH CATEGORY IF TELEPHONE INTERVIEW.

FHI.320   During the PAST 12 MONTHS, about how much did {you/your family} spend for medical care, including dental care? Do NOT include the cost of health insurance premiums, over the counter remedies, or any costs for which you expect to be reimbursed.

(0) Zero
(1) Less than $500
(2) $500-$1,999
(3) $2,000-$2,999
(4) $3,000-$4,999
(5) $5,000 or more
(7) Refused
(9) Don't know

Section VI - SOCIO-DEMOGRAPHIC BACKGROUND

>PLBORN<

FSD.001   Where {were/was} {you/subject name} born?

(1) Alabama	(19) Louisiana	(37) Oklahoma
(2) Alaska	(20) Maine	(38) Oregon
(3) Arizona	(21) Maryland	(39) Pennsylvania
(4) Arkansas	(22) Massachusetts	(40) Rhode Island
(5) California	(23) Michigan	(41) South Carolina
(6) Colorado	(24) Minnesota	(42) South Dakota
(7) Connecticut	(25) Mississippi	(43) South Dakota
(8) Delaware	(26) Missouri	(44) Texas
(9) Dist. Of Columbia	(27) Montana	(45) Utah
(10)Florida	(28) Nebraska	(46) Vermont
(11)Georgia	(29) Nevada	(47) Virginia
(12)Hawaii	(30) New Hampshire	(48) Washington
(13)Idaho	(31) New Jersey	(49) West Virginia
(14)Illinois	(32) New Mexico (50) Wisconsin	
(15)Indiana	(33) New York	(51) Wyoming
(16)Iowa	(34) North Carolina	(57) United States
(17)Kansas	(35) North Dakota	(state unknown)
(18)Kentucky	(36) Ohio	(99) NOT IN THE U.S.
Enter (M) for more countries		

>POB_FOREIGN<

FSD.002   ENTER THE FIRST LETTER OF THE COUNTRY OR PLACE NAME

<A>[goto A_LIST]	<J>[goto J_LIST]	<S>[goto S_LIST]
<B>[goto B_LIST]	<K>[goto K_LIST]	<T>[goto T_LIST]
<C>[goto C_LIST]	<L>[goto L_LIST]	<U>[goto U_LIST]
<D>[goto D_LIST]	<M>[goto M_LIST]	<V>[goto V_LIST]
<E>[goto E_LIST]	<N>[goto N_LIST]	<W>[goto W_LIST]
<F>[goto F_LIST]	<O>[goto O_LIST]	<X>[goto X_LIST]
<G>[goto G_LIST]	<P>[goto P_LIST]	<Y>[goto Y_LIST]
<H>[goto H_LIST]	<Q>[goto Q_LIST]	<Z>[goto Z_LIST]
<I>[goto I_LIST]	<R>[goto R_LIST]	

>A_LIST<
FSD.002A

ENTER PLACE NUMBER - 999 FOR CORRECT LETTER BUT
PLACE IS NOT LISTED OR F1 TO BACK UP AND TRY ANOTHER LETTER

(100) ABROAD
(101) ABU DHABI
(102) ADEN
(103) AFGHANISTAN
(104) AFRICA
(105) ALBANIA
(106) ALBERTA
(107) ALGERIA
(108) ALGIERS
(109) ALSACE-LORRAINE
(060) AMERICAN SAMOA
(061) AM SAMOA
(110) AMSTERDAM
(111) ANEGADA

(112) ANGOLA
(113) ANGUILLA
(114) ANGUILLA BWI
(115) ANOJOUAN
(116) ANTARCTICA
(117) ANTIGUA
(118) ANTIGUA & BARBUDA
(119) ANTIGUA WI
(120) ANTILLES
(121) ARAB PALESTINE
(122) ARABIA
(123) ARGENTINA
(124) ARMENIA
(125) ARUBA

(126) ARUBA DWI
(127) ARUBA NETHERLANDS
(128) ASCENSION ISLAND
(129) ASIA
(130) ASIA MINOR
(131) ASSAM
(132) AT SEA
(133) AUSTRALIA
(134) AUSTRIA
(135) AUSTRIA-HUNGARY
(136) AZERBAIJAN
(137) AZORES ISLANDS

>B_LIST<
FSD.002B

ENTER PLACE NUMBER 50-999 FOR CORRECT LETTER BUT
PLACE IS NOT LISTED OR F1 TO BACK UP AND TRY ANOTHER LETTER

(138) BAHAMAS
(139) BAHAMAS UK
(140) BAHRAIN
(141) BAJA CAL
(142) BAJA CAL SUR
(062) BAKER ISLAND
(143) BALBOA
(144) BANGLADESH
(145) BARBADOS
(146) BARBUDA
(147) BAVARIA
(148) BELARUS
(149) BELFAST
(150) BELGIAN CONGO

(151) BELGIUM
(152) BELIZE
(153) BENIN
(154) BERLIN
(155) BERMUDA
(156) BESSARABIA
(157) BHUTAN
(158) BOHEMIA
(159) BOLIVIA
(160) BONAIRE
(161) BORNEO
(162) BOSNIA
(163) BOSNIA & HERZEGOVINA
(164) BOTSWANA

(165) BRASIL
(166) BRAZIL
(167) BRAZZAVILLE
(168) BREMEN
(169) BRITAIN
(170) BRITISH COLUMBIA
(171) BRITISH EAST AFRICA
(172) BRITISH GUIANA
(173) BRITISH GUYANA
(174) BRITISH HONDURAS
(175) BRITISH HONG KONG
(176) BRITISH ISLES
(177) BRITISH VI
(178) BRITISH VIRGIN IS
(179) BRITISH WEST INDIES
(180) BRITISH WI
(181) BRUNEI
(182) BULGARIA
(183) BURKINA FASO
(184) BURMA
(185) BURUNDI
(186) BWI
(187) BYELARUS
(188) BYELORUSSIA

>C_LIST<
FSD.002C

ENTER PLACE NUMBER 50-999 FOR CORRECT LETTER BUT
PLACE IS NOT LISTED OR F1 TO BACK UP AND TRY ANOTHER LETTER

(189) CAICOS ISLANDS
(190) CAM PHA
(191) CAM RANH
(192) CAMBODIA
(193) CAMEROON
(194) CAN THO
(195) CANADA
(196) CANAL ZONE
(197) CANARY ISLANDS
(198) CANTON & ENDERBURY IS
(199) CANTON ISLAND INDIAN OCEAN
(200) CAPE VERDE
(201) CARIBBEAN
(202) CAYMAN ISLANDS

(203) CENTRAL AFRICA
(204) CENTRAL AFRICAN REP
(205) CENTRAL AMERICA

(206) CEYLON
(207) CHAD
(208) CHANNEL ISLANDS
(209) CHIAPAS
(210) CHIHUAHUA
(211) CHILE
(212) CHINA
(213) CHINA HONG KONG
(214) CHRISTMAS ISLAND
(215) CHRISTMAS ISLAND
(216) COAHUILA
(217) COLIMA
(218) COLOMBIA
(219) COMOROS

(220) CONGO
(221) COOK ISLANDS

(222) CORAL SEA ISLANDS
(223) CORK
(224) CORSICA
(225) COSTA RICA
(226) COTE D'IVORIE
(227) CRETE
(228) CRIMEA
(229) CRISTOBAL
(230) CROATIA
(231) CUBA
(232) CURACAO
(233) CYPRUS
(234) CZ
(235) CZECH
      REPUBLIC
(236) CZECHOSLOVAKIA

>D_LIST<
FSD.002D

ENTER PLACE NUMBER, 50-999 FOR CORRECT LETTER BUT
PLACE IS NOT LISTED OR F1 TO BACK UP AND TRY ANOTHER LETTER

(237) DA LAT
(238) DA NANG
(239) DAKAR
(240) DANZIG
(241) DELHI
(242) DEMO PEOPLE'S REP
OF KOREA
(243) DEMO REP OF CONGO
(244) DENMARK
(245) DISTRITO FEDERAL
(246) DJIBOUTI
(247) DOM REP

(248) DOMINICA
(249) DOMINICA BWI
(250) DOMINICA WI
(251) DOMINICAN REPUBLIC
(252) DUBAI
(253) DUBLIN
(254) DURANGO
(255) DUTCH EAST INDIES
(256) DUTCH GUIANA
(257) DUTCH INDONESIA
(258) DUTCH NEW GUINEA

>E_LIST<
FSD.002E

ENTER PLACE NUMBER, 999 FOR CORRECT LETTER BUT
PLACE IS NOT LISTED OR F1 TO BACK UP AND TRY ANOTHER LETTER

(259) EAST PAKISTAN
(260) EAST PRUSSIA
(261) EASTER ISLAND
(262) EASTERN AFRICA
(263) ECUADOR
(264) EGYPT
(265) EIRE
(266) EL SALVADOR
(267) ENGLAND

(268) EQUATORIAL GUINEA
(269) ERITREA
(270) ESPANA
(271) ESTONIA
(272) ETHIOPIA
(273) EUROPA ISLAND
(274) EUROPE

>F_LIST<
FSD.002F

ENTER PLACE NUMBER, 999 FOR CORRECT LETTER BUT
PLACE IS NOT LISTED OR F1 TO BACK UP AND TRY ANOTHER LETTER

(275) FALKLAND ISLANDS
(276) FAROE ISLANDS
(277) FEDERAL DISTRICT
(278) FEDERAL REPUBLIC OF YUGOSLAVIA
(279) FEDERATED STATES OF MICRONESIA
(280) FIJI
(281) FILIPINES
(282) FINLAND
(283) FOREIGN COUNTRY
(284) FORMOSA
(285) FRANCE
(286) FRANKFURT
(287) FRENCH GUIANA
(288) FRENCH MOROCCO
(289) FRENCH POLYNESIA

>G_LIST<
FSD.002G

ENTER PLACE NUMBER, 999 FOR CORRECT LETTER BUT
PLACE IS NOT LISTED OR F1 TO BACK UP AND TRY ANOTHER LETTER

(290) GABON
(291) GALAPAGOS ISLANDS
(292) GALWAY
(293) GAMBIA
(294) GAZA STRIP
(295) GEORGIA
(296) GERMANY
(297) GHANA
(298) GIA DINH
(299) GIBRALTER
(300) GLORIOSO ISLANDS
(301) GOA
(302) GRAND BAHAMA
(303) GRAND CAYMAN
(304) GRAND TURK
(305) GREAT BRITAIN

(306) GREAT COMORE
(307) GREECE
(308) GREENLAND
(309) GRENADA
(310) GUADALAJARA
(311) GUADELOUPE
(063) GUAM
(312) GUANAJUATO
(313) GUATEMALA
(314) GUERNSEY
(315) GUERRERO
(316) GUIANA
(317) GUINEA
(318) GUINEA-BISSAU
(319) GUYANA

>H_LIST<
FSD.002H

ENTER PLACE NUMBER, 999 FOR CORRECT LETTER BUT
PLACE IS NOT LISTED OR F1 TO BACK UP AND TRY ANOTHER LETTER

(320) HA DONG
(321) HAI PHONG
(322) HAITI
(323) HAMBURG
(324) HANOI
(325) HANOVER
(326) HAVANA
(327) HEARD & MCDONALD ISLANDS
(328) HERZEGOVINA
(329) HESSE

(330) HIDALGO
(331) HIGH SEAS
(332) HOLLAND
(333) HONDURAS
(334) HONG KONG
(064) HOWLAND ISLAND
(335) HUNGARY
(336) HYDERABAD

>I_LIST<
FSD.002I

ENTER PLACE NUMBER, 999 FOR CORRECT LETTER BUT
PLACE IS NOT LISTED OR F1 TO BACK UP AND TRY ANOTHER LETTER

(337) ICELAND
(338) INDIA
(339) INDONESIA
(340) INTERNATIONAL WATERS
(341) IRAN
(342) IRAQ
(343) IRELAND
(344) IRIAN
(345) IRISH REPUBLIC
(346) ISLE OF MAN
(347) ISRAEL
(348) ITALY
(349) IVORY COAST

>J_LIST<
FSD.002J

ENTER PLACE NUMBER, 999 FOR CORRECT LETTER BUT
PLACE IS NOT LISTED OR F1 TO BACK UP AND TRY ANOTHER LETTER

(350) JALISCO
(351) JAMAICA
(352) JAN MEYAN
(353) JAPAN
(065) JARVIS ISLAND
(354) JAVA
(355) JERSEY
(356) JIBUTI
(066) JOHNSTON ATOLL
(357) JORDAN
(358) JUAN DE NOVA ISLAND
(359) JUGOSLAVIA

>K_LIST<
FSD.002K

ENTER PLACE NUMBER, 999 FOR CORRECT LETTER BUT
PLACE IS NOT LISTED OR F1 TO BACK UP AND TRY ANOTHER LETTER

(360) KALININGRAD
(361) KAMPUCHEA
(362) KASHMIR
(363) KAZAKHSTAN
(364) KENYA
(365) KHANH HUNG
(067) KINGMAN REEF
(366) KINSHASA
(367) KIRIBATI
(368) KOREA
(369) KORO ISLAND
(370) KUWAIT
(371) KWAJALEIN
(372) KWANTUNG
(373) KYRGYZSTAN

>L_LIST<
FSD.002L

ENTER PLACE NUMBER, 999 FOR CORRECT LETTER BUT
PLACE IS NOT LISTED OR F1 TO BACK UP AND TRY ANOTHER LETTER

(374) LABRADOR
(375) LABUAN
(376) LAOS
(377) LATAKIA
(378) LATIN AMERICA
(379) LATVIA
(380) LEBANON
(381) LEEWARD ISLANDS
(382) LESOTHO
(383) LIBERIA
(384) LIBYA
(385) LIECHTENSTEIN
(386) LITHUANIA
(387) LOAS
(388) LONDONDERRY
(389) LONG XUYEN
(390) LORRAINE
(391) LUBECK
(392) LUXEMBOURG

>M_LIST<
FSD.002M

ENTER PLACE NUMBER, 999 FOR CORRECT LETTER BUT
PLACE IS NOT LISTED OR F1 TO BACK UP AND TRY ANOTHER LETTER

(393) MACAO
(394) MACAU
(395) MACEDONIA
(396) MADAGASCAR
(397) MADEIRA ISLANDS
(398) MAINLAND CHINA
(399) MAJORCA
(400) MALAGASY REPUBLIC
(401) MALAWI
(402) MALAYSIA
(403) MALDIVES
(404) MALI
(405) MALLORCA
(406) MALTA

(407) MACHURIA
(408) MANICA
(409) MANILA
(410) MANITOBA
(068) MANUA ISLANDS
(411) MARSHALL ISLANDS
(412) MARTINIQUE
(413) MAURITANIA
(414) MAURITIUS
(415) MAYOTTE ISLAND
(416) MELANESIA
(417) MEXICO
(418) MICHOACAN
(419) MICRONESIA

(420) MIDDLE EAST
(069) MIDWAY ISLANDS
(421) MOLDAVIA
(422) MOLDOVA
(423) MONACO
(424) MONAGAS
(425) MONGOLIA
(426) MONTENEGRO
(427) MONTSERRAT
(428) MORELOS
(429) MOROCCO
(430) MOZAMBIQUE
(431) MY THO

>N_LIST<
FSD.002N

ENTER PLACE NUMBER, 999 FOR CORRECT LETTER BUT
PLACE IS NOT LISTED OR F1 TO BACK UP AND TRY ANOTHER LETTER

(432) N. IRELAND
(433) NAM DINH
(434) NAMIBIA
(435) NAURU
(070) NAVASSA ISLAND
(436) NAYARIT
(437) NEPAL
(438) NETHERLANDS
(439) NETH. ANTILLES
(440) NETH. EAST INDIES
(441) NEVIS ISLAND
(442) NEW BRUNSWICK

(443) NEW CALEDONIA
(444) NEW GUINEA
(445) NEW HEBRIDES
(446) NEW SOUTH WALES
(447) NEW ZEALAND
(448) NEWFOUNDLAND
(449) NHA TRANG
(450) NICARAGUA
(451) NIGER
(452) NIGERIA
(453) NIUE ISLAND
(454) NORFOLK ISLAND

(455) NORTH AFRICA
(456) NORTH AMERICA
(457) NORTH KOREA
(458) NORTH VIETNAM
(459) NORTHERN IRELAND
(071) NORTHERN MARIANAS
(460) NORTHERN TERRITORY
(461) NORWAY
(462) NOVA SCOTIA
(463) NUEVO LEON

>O_LIST<
FSD.002O

ENTER PLACE NUMBER, 999 FOR CORRECT LETTER BUT
PLACE IS NOT LISTED OR F1 TO BACK UP AND TRY ANOTHER LETTER

(464) OAXACA
(465) OCEANIA
(466) OKINAWA
(467) OMAN
(468) ONTARIO
(469) OVERSEAS

>P_LIST<
FSD.002P

ENTER PLACE NUMBER, 999 FOR CORRECT LETTER BUT
PLACE IS NOT LISTED OR F1 TO BACK UP AND TRY ANOTHER LETTER

(470) PAKISTAN
(471) PALAU
(472) PALESTINE
(072) PALMYRA ATOLL
(473) PANAMA
(474) PANAMA CANAL ZONE
(475) PAPUA NEW GUINEA
(476) PARACEL ISLANDS
(477) PARAGUAY
(478) PELAGOSA
(479) PEOPLE'S REP. OF CHINA
(480) PEOPLE'S REP. OF CONGO
(481) PERSIA
(482) PERU
(483) PHAN THIET
(484) PHILIPPINES

(485) PITCAIRN ISLAND
(486) POLAND
(487) POLYNESIA
(488) PONAPE
(489) PORTUGAL
(490) PORTUGUESE INDIA
(491) PRINCE EDWARD ISLAND
(492) PRINCIPE ISLAND
(493) PROVIDENCIA
(494) PRUSSIA
(495) PUEBLA
(073) PUERTO RICO
(496) PUNJAB
(497) PUNJAB, INDIA
(498) PUNJAB, PAKISTAN

>Q_LIST<
FSD.002Q

ENTER PLACE NUMBER, 999 FOR CORRECT LETTER BUT
PLACE IS NOT LISTED OR F1 TO BACK UP AND TRY ANOTHER LETTER

(499) QATAR
(500) QUANG LONG
(501) QUEBEC
(502) QUEENSLAND
(503) QUERETARO
(504) QUI NHON

>R_LIST<
FSD.002R

ENTER PLACE NUMBER, 999 FOR CORRECT LETTER BUT
PLACE IS NOT LISTED OR F1 TO BACK UP AND TRY ANOTHER LETTER

(505) RACH GIA
(506) RAJASTHAN
(507) RED CHINA
(508) REPUBLIC OF CHINA
(509) REPUBLIC OF CYPRUS
(510) REPUBLIC OF IRELAND
(511) REPUBLIC OF KOREA
(512) REPUBLIC OF PANAMA
(513) REP. OF PHILIPPINES
(514) REP. OF SOUTH AFRICA
(515) REPUBLICA DOMINICANA
(516) REUNION ISLAND

(517) RHODESIA
(518) ROC
(519) ROK
(520) ROMANIA
(074) ROTA
(521) ROTTERDAM
(522) RUMANIA
(523) RUSSIA
(524) RUSSIAN FEDERATION
(525) RWANDA

>S_LIST<
FSD.002S

ENTER PLACE NUMBER, 999 FOR CORRECT LETTER BUT
PLACE IS NOT LISTED OR F1 TO BACK UP AND TRY ANOTHER LETTER

(526) SAIGON
(075) SAIPAN
(527) SALVADOR
(528) SAMOA
(529) SAN ANDRES
(530) SAN LUIS POTOSI
(531) SAN MARINO
(532) SAN SALVADOR
(076) SAND ISLAND
(533) SAO TOME ISLAND
(534) SAO TOME & PRINCIPE
(535) SARAWAK
(536) SASKATCHEWAN
(537) SAUDI ARABIA
(566) SOUTHEAST ASIA
(567) SOUTHERN AFRICA
(568) SOUTHERN RHODESIA
(569) SOVIET UNION
(570) SPAIN
(571) SPRATLEY ISLANDS
(572) SRI LANKA
(573) ST BARTHELEMY
(574) ST BARTS
(575) ST CHRISTOPHER
(576) ST CHRISTOPHER-NEVIS
(077) ST CROIX

(538) SAXONY
(539) SCOTLAND
(540) SENEGAL
(541) SEOUL
(542) SERBIA
(543) SEYCHELLES
(544) SHANGHAI
(545) SHARJAH
(546) SIBERIA
(547) SICILY
(548) SIERRA LEONE
(549) SIKKIM
(550) SINALOA
(551) SINGAPORE
(577) ST EUSTATIUS
(578) ST HELENA
(078) ST JOHN
(579) ST KITTS
(580) ST KITTS-NEVIS
(581) ST LUCIA
(582) ST MAARTEN
(583) ST MARTIN
(584) ST PIERRE & MIQUELON
(079) ST THOMAS
(585) ST VINCENT
(586) ST VINCENT &
THE GRENADINES

(552) SLAVONIA
(553) SLOVAK REPUBLIC
(554) SLOVAKIA
(555) SLOVENIA
(556) SOLOMAN ISLANDS
(557) SOMALIA
(558) SONORA
(559) SOUTH AFRICA
(560) SOUTH AMERICA
(561) SOUTH AUSTRALIA
(562) SOUTH KOREA
(563) SOUTH VIETNAM
(564) SOUTH WALES
(565) SOUTH YEMEN
(587) SUDAN
(588) SUMATRA
(589) SURINAM
(590) SURINAME
(591) SVALBARD
(592) SWAZILAND
(593) SWEDEN
(594) SWITZERLAND
(595) SYRIA
(596) SYRIAN ARAB REP

>T_LIST<
FSD.002T

ENTER PLACE NUMBER, 999 FOR CORRECT LETTER BUT
PLACE IS NOT LISTED OR F1 TO BACK UP AND TRY ANOTHER LETTER

(597) TABASCO
(598) TADZHIK
(599) TAHITI
(600) TAIWAN
(601) TAIWAN ROC
(602) TAJIKISTAN
(603) TAMAULIPAS
(604) TANGANYIKA
(605) TANGIER
(606) TANZANIA
(607) TASMANIA
(608) THAILAND
(609) THANH HOA
(610) THE GRENADINES

(611) TIBET
(612) TIJUANA
(080) TINIAN
(613) TLAXCALA
(614) TOBAGO
(615) TOGO
(616) TOGOLAND
(617) TOKELAU
(618) TONGA
(619) TORTOISE ISLANDS
(620) TORTOLA
(621) TRANSVAAL
(622) TRANSYLVANIA
(623) TRIESTE

(624) TRINIDAD
(625) TRINIDAD & TOBAGO
(626) TRIPOLI
(627) TROMELIN ISLAND
(628) TRUK
(629) TUNIS
(630) TUNISIA
(631) TURKEY
(632) TURKMENISTAN
(633) TURKS & CAICOS IS
(634) TURK ISLANDS
(635) TUVALU
(636) TUY HOA

>U_LIST<
FSD.002U

> ENTER PLACE NUMBER, 999 FOR CORRECT LETTER BUT
> PLACE IS NOT LISTED OR F1 TO BACK UP AND TRY ANOTHER LETTER

(637) UGANDA
(638) UK
(639) UKRAINE
(640) UKRAINIA
(641) UNION ISLANDS
(642) UNION OF SOUTH AFRICA
(643) UNION OF SOVIET SOCIALIST REPUBLICS
(644) UNITED ARAB EMIRATES
(645) UNITED KINGDOM

(646) UPPER VOLTA
(647) URUGUAY
(081) US OUTLYING AREA
(082) US VIRGIN ISLANDS
(648) USSR
(083) USVI
(649) USBEKISTAN

>V_LIST<
FSD.002V

> ENTER PLACE NUMBER, 999 FOR CORRECT LETTER BUT
> PLACE IS NOT LISTED OR F1 TO BACK UP AND TRY ANOTHER LETTER

(650) VANCOUVER
(651) VANUATU
(652) VATICAN CITY
(653) VENEZUELA
(654) VERACRUZ
(655) VICTORIA
(656) VIETNAM
(657) VINH LONG
(084) VIRGIN ISLANDS
(658) VUNG TAU

>W_LIST<
FSD.002W

> ENTER PLACE NUMBER, 999 FOR CORRECT LETTER BUT
> PLACE IS NOT LISTED OR F1 TO BACK UP AND TRY ANOTHER LETTER

(085) WAKE ISLAND
(659) WALES
(660) WALLIS & FUTUNA ISLANDS
(661) WEST AFRICA
(662) WEST BANK
(663) WEST BENGAL
(664) WEST INDIES
(665) WEST PAKISTAN
(666) WESTERN AUSTRALIA
(667) WESTERN SAHARA
(668) WESTERN SAMOA
(669) WHITE RUSSIA
(670) WINDWARD ISLANDS
(671) WINNIPEG
(672) WURZBERG

>Y_LIST<
FSD.002Y

        ENTER PLACE NUMBER, 999 FOR CORRECT LETTER BUT
        PLACE IS NOT LISTED OR F1 TO BACK UP AND TRY ANOTHER LETTER

(673) YAP
(674) YAR
(675) YEMEN
(676) YEMEN ARAB REPUBLIC
(677) YEREVAN
(678) YUCATAN
(679) YUGOSLAVIA
(680) YUKON TERRITORY

>Z_LIST<
FSD.002Z

        ENTER PLACE NUMBER, 999 FOR CORRECT LETTER BUT
        PLACE IS NOT LISTED OR F1 TO BACK UP AND TRY ANOTHER LETTER

(681) ZACATECAS
(682) ZADAR
(683) ZAIRE
(684) ZAMBIA
(685) ZANZIBAR
(686) ZIMBABWE
(687) ZURICH
(999) NOT LISTED

>USYR<   **[If AGEDOB@3 and AGEDOB@4 and AGEDOB@5 are valid]**
           FR: **READ IF NECESSARY:**
           Earlier I recorded {your/subject name's} date of birth as {month in words, 2-digit day, 4-digit year}.
           [endif]
FSD.003   In what year did {you/subject name} come to the United States to stay?

           (1900-2220) 1900-2220   (FSD.005)
           (9997) Refused (FSD.004)
           (9999) Don't know (FSD.004)

>USLONG<

FSD.004   About how long {have/has} {you/subject name} been in the United
States?

FR: READ IF NECESSARY:
Earlier I recorded that {you/subject name} {are/is} {AGE} years old.

FR: ENTER 95 FOR 95 OR MORE YEARS.
IF LESS THAN 1 YEAR GIVEN AS RESPONSE, CODE THE ANSWER AS "0".

(01-94) 01-94 years
(95) 95+ years
(97) Refused
(99) Don't know

Citizen Check Item: If PLBORN = Puerto Rico (073), American Samoa (061), Guam (063), US Virgin Islands,
(082) Northern Marianas (071), code CITIZEN as 2, then skip to **FSDCCI1**

>CITIZEN<

                  FR: SHOW FLASHCARD 16.
FSD.005   {Are/Is}{you/subject name} a CITIZEN of the United States?

(1) Yes, born in one of the 50 United States or the District of Columbia
(2) Yes, born in Puerto Rico, Guam, American Virgin Islands,
     or other U.S. territory
(3) Yes, born aboard to American parent(s)
(4) Yes, U.S. citizen by naturalization
(5) No, not a citizen of the United States
(7) Refused (DEM_END)
(9) Don't know (DEM_END)

>DEM_END<

Check item FSDCCI1:   If AGE is less than or equal to 6, go to FSD.006. When no more family members AGE is
less then or equal to 6, then go to FSD.010

>HEADST<
FSD.006   Is {subject name} now attending Head Start?

(1) Yes (FSD.010)
(2) No (FSD.007)
(7) Refused (FSD.007)
(9) Don't know (FSD.007)

>HEADSTEV<
FSD.007   Has {subject name} ever attended Head Start?

(1) Yes
(2) No
(7) Refused
(9) Don't know

>**EDUC**<

FR: SHOW FLASHCARD F17.

FSD.010   What is the HIGHEST level of school {you/subject name} {have/has} completed or the highest degree {you/subject name} {have/has} received? Please tell me the number from the card. **FR: ENTER HIGHEST LEVEL OF SCHOOL:**

(0) Never attended/	(12) 12th grade, no diploma
kindergarten only	(13) GED or equivalent
(1) 1st grade	(14) HIGH SCHOOL GRADUATE
(2) 2nd grade	(15) Some college, no degree
(3) 3rd grade	(16) Associate degree: occupational,
(4) 4th grade	technical, or vocational program
(5) 5th grade	(17) Associate degree: academic program
(6) 6th grade	(18) Bachelor's degree (Example: BA, AB, BS, BBA)
(7) 7th grade	(19) Master's degree (Example: MA,MS,MEng,MEd,MBA)
(8) 8th grade	(20) Professional School degree
(9) 9th grade	(Example: MD, DDS, DVM, JD)
(10) 10th grade	(21) Doctoral degree (Example: PhD, EdD)
(11) 11th grade	(22) Child under 5 years old
	(97) Refused
	(99) Don't know

>**MILTRYDS**<

FSD.041   {Have you/Has anyone in this family} ever been honorably discharged from active duty in the U.S. Army, Navy, Air Force, Marine Corps, or Coast Guard? (If so, who? Anyone else?)
FR: ENTER UP TO SEVEN LINE NUMBERS.
ENTER "N" AFTER THE LAST ONE, OR IF NONE.
SERVICE IN NATIONAL GUARD OR RESERVES IS NOT CONSIDERED ACTIVE DUTY

>**MILTRYD1**<	>**MILTRYD5**<
>**MILTRYD2**<	>**MILTRYD6**<
>**MILTRYD3**<	>**MILTRYD7**<
>**MILTRYD4**<	

Check item FSDCCI2 :   Go through all non-deleted family members. If AGE gt or eq <18> go to FSD.050; Else go to next section. When family roster is exhausted, go to next section.

>**DOINGLW**<

FSD.050   Which of the following {were/was} {you/subject name} doing LAST WEEK?
(1) Working for pay at a job or business (FSD.070 WRKHRS)
(2) With a job or business but not at work (FSD.060 WHYNOWRK)
(3) Looking for work   (FSD.060 WRKLYR)
(4) Working, but not for pay, at a job or business (FSD.070 WRKHRS)
(5) Not working at a job or business and not looking for work. (FSD.090 WHYNOWRK)
(7) Refused   (FSD.060 WRKLYR)
(9) Don't know   (FSD.060 WRKLYR)

>WHYNOWRK<

[If DOINGLW eq <2>, display]

FSD.060   What is the main reason {you/subject name} did not work last week?

[Else, display:]

FSD.060   What is the main reason {you/subject name} did not have a job or business last week?

    (01) Taking care of house or family (FSD.100 WRKLYR)
    (02) Going to school (FSD.100 WRKLYR)
    (03) Retired (FSD.100 WRKLYR)
    (04) On a planned vacation from work (FSD.070 WRKHRS)
    (05) On family or maternity leave (FSD.070 WRKHRS)
    (06) Unable to work for health reasons temporarly (FSD.070 WRKHRS)
    (07) On layoff (FSD.100 WRKLYR)
    (08) Disabled (FSD.100 WRKLYR)
    (09) Have job/contract; off season (FSD.100 WRKLYR)
    (10) Other (FSD.100 WRKLYR)
    (97) Refused {FSD.100 WRKLYR}
    (99) Don't know {FSD.100 WRKLYR}

>WRKHRS<

[If DOINGLW eq 1, 4, display:]

FSD.070   How many hours did {you/subject name} work LAST WEEK at ALL jobs or businesses?

[else display:]

FSD.070   How many hours do {you/subject name} USUALLY work at ALL jobs or businesses?

FR: ENTER '95' IF THE REPORTED HOURS ARE GREATER THAN OR EQUAL TO 95 HOURS.

    (01-94) 01-94 hours
    (95) 95+   (FSD.110)
    (97) Refused   (FSD.080)
    (99) Don't know   (FSD.080)

>WRKFTALL<

FSD.080   {Do/Does} {you/subject name} USUALLY work 35 hours or more per week in total at ALL jobs or businesses?

    (1) Yes
    (2) No
    (7) Refused
    (9) Don't know

    (FSD.110)

>WRKLYR<

FSD.100   Did {you/he/she} work for pay at any time in {last year in 4 digit format}?

    (1) Yes   (FSD.110)
    (2) No   (FSDCCI3)
    (7) Refused   (FSDCCI3)
    (9) Don't know   (FSDCCI3)

>WRKMYR<

FSD.110   How many months in {last year in 4 digit format} did {you/subject name} have at least one job or business?

FR: IF LESS THAN ONE MONTH, ENTER (1).

(00-12) 00-12 months
(97) Refused
(99) Don't know

>ERNYR<

FSD.120   What is your best estimate of {your/subject name's} earnings (include hourly wages, salaries, tips and commissions) before taxes and deductions from ALL jobs and businesses in {last year in 4 digit format}?

FR: ENTER 999,995 IF THE REPORTED INCOME IS GREATER THAN $999,995

(000000-999994) $000000-$999,994
(999995) $999,995+
(999997) Refused
(999999) Don't know

(FSDCCI3)

Check item FSDCCI3:   **If FSD.050 eq <1> or <2> go to FSD.130; Else go to Check item FSDCCI2 for next person. when roster is exhausted, go to next section.**

>HIEMPOF<

FSD.130   Regarding your job or work last week, was health insurance offered to {you/subject name} through {your/his/her} workplace?

(1) Yes
(2) No
(7) Refused
(9) Don't know

Part A - Sources of Income

>INTROINC<

FR: READ THE FOLLOWING:

The next questions are about {your/your combined family} income.
Each income question refers to income received in {last calendar
year} BEFORE TAXES.   .

FR: PRESS (P) TO PROCEED

>FSAL<   When answering these questions, please remember that by "combined family income", I mean
your income PLUS the income of all family members living in this household (including
cohabiting partners, and armed forces members living at home). BEFORE TAXES.

[If 1 person family, display:]

FIN.030   Did you receive income in {last year in 4 digit format} from... Wages and Salaries?

[else, display:]

FIN.030   Did any family members 18 and older, that is **(READ NAMES BELOW)** receive income in {last year
in 4 digit format} from... Wages and Salaries?

(1) Yes   (Fin.040)
(2) No   (FIN.050)
(7) Refused   (FIN.050)
(9) Don't know   (FIN.050)

>PSAL<

FR: ASK OR VERIFY. ENTER APPLICABLE LINE NUMBER(S).
ENTER (N) FOR NO MORE AFTER THE LAST NUMBER.

FIN.040   Who received this? (Anyone else?)

FR: INDICATE EACH FAMILY MEMBER WITH THIS INCOME.

>PSAL_1<   >PSAL_4<
>PSAL_2<   >PSAL_5<
>PSAL_3<   >PSAL_6<

>FSEINC<

[If 1 person family, display:]

FIN.050   Did you receive income from... self-employment including business and farm income? **[else,
display:]**

FIN.050   Did any family member 18 and older, that is **[READ NAMES BELOW]** receive income in {last year
in 4 digit format} from... self-employment including business and farm income?

(1) Yes   (FIN.060)
(2) No   (FIN.070)
(7) Refused   (FIN.070)
(9) Don't know   (FIN.070)

>PSEINC<

> **FR:** ASK OR VERIFY. ENTER APPLICABLE LINE NUMBER(S).
> **ENTER (N) FOR NO MORE AFTER THE LAST NUMBER**.

FIN.060   Who received this? (Anyone else?)

> **FR:** INDICATE EACH FAMILY MEMBER WITH THIS INCOME.

> **>PSEINC_1<**   **>PSEINC_4<**
> **>PSEINC_2<**   **>PSEINC_5**
> **>PSEINC_3<**   **>PSEINC_6<**

>FSSRR<

FIN.070   Did {you/any family members living here} receive income in {last year in 4 digit format} from Social Security or Railroad Retirement?

> **FR:** READ IF NECESSARY:
> Social Security checks are either automatically deposited in the bank or mailed to arrive on the third of every month. If mailed, they are sent in a yellow/gold colored envelope.

> (1) Yes   (FIN.080)
> (2) No   (FIN.090)
> (7) Refused   (FIN.090)
> (9) Don't know   (FIN.090)

>PSSRR<

> **FR:** ASK OR VERIFY. ENTER APPLICABLE LINE NUMBER(S).
> **ENTER (N) FOR NO MORE AFTER THE LAST NUMBER.**

FIN.080   Who received this? (Anyone else?)

> **FR:** INDICATE EACH FAMILY MEMBER WITH THIS INCOME.

> **>PSSRR_1<**   **>PSSRR_4<**
> **>PSSRR_2<**   **>PSSRR_5<**
> **>PSSRR_3<**   **>PSSRR_6<**

Check item FINCCI2 :   If AGE lt or eq <64> go to FIN.082; Else if AGE gt or eq <65> go to FIN.090.

>FSSRRD<

FIN.082   Was {your/any family member's **(READ NAMES BELOW)**} Social Security or Railroad Retirement income received as a disability benefit?

> (1) Yes   (FIN.084)
> (2) No   (FIN.090)
> (7) Refused   (FIN.090)
> (9) Don't know   (FIN.090)

>PSSRRDB< {display names and line numbers of those under 65 listed in PSSRR}

FR: ASK OR VERIFY. ENTER APPLICABLE LINE NUMBER(S). ENTER (N) FOR NO MORE AFTER THE LAST NUMBER.

FIN.084 Who received Social Security or Railroad Retirement as a disability benefit? (Anyone else?)

>**PSSRRDB1<**   >**PSSRRDB4<**
>**PSSRRDB2<**   >**PSSRRDB5<**
>**PSSRRDB3<**   >**PSSRRDB6<**

>PSSRRD<

FIN.086 Did {you/subject name listed in PSSRRDB} receive this benefit because {you are/he is/she is} is disabled?

(1) Yes   (FIN.090)
(2) No   (FIN.090)
(7) Refused   (FIN.090)
(9) Don't know   (FIN.090)

>FPENS<

FIN.090 Did {you/any family members living here} receive income from... any disability pension (other than Social Security or Railroad Retirement)?

(1) Yes   (FIN.100)
(2) No   (FIN.102)
(7) Refused   (FIN.102)
(9) Don't know   (FIN.102)

>PPENS<

FR: ASK OR VERIFY. ENTER APPLICABLE LINE NUMBER(S).
ENTER (N) FOR NO MORE AFTER THE LAST NUMBER.

FIN.100 Who received this? (Anyone else?)
FR: INDICATE EACH FAMILY MEMBER WITH THIS INCOME.

>**PPENS_1<**   >**PPENS_4<**
>**PPENS_2<**   >**PPENS_5<**
>**PPENS_3<**   >**PPENS_6<**

>FOPENS<

FIN.102 Did {you/any family members living here} receive income from... any retirement or survivor pension {fill "other than Social Security or Railroad Retirement" if FSSRR=1 and FPENS ne 1; or fill "other than disability pension if FPENS=1 and FSSRR ne 1; or fill "other than Social Security or Railroad Retirement or disability pension" if FSSRR=1 and FPENS=1; or No Fill if FSSRR ne 1 and FPENS ne 1}?

(1) Yes   (FIN.104)
(2) No   (FIN.110)
(7) Refused   (FIN.110)
(9) Don't know   (FIN.110)

>POPENS<

FR: ASK OR VERIFY. ENTER APPLICABLE LINE NUMBER(S). ENTER (N) FOR NO MORE AFTER THE LAST NUMBER.

FIN.104   Who received this? (Anyone else?)

FR: INDICATE EACH FAMILY MEMBER WITH THIS INCOME.

>POPENS_1<   >POPENS_4<
>POPENS_2<   >POPENS_5<
>POPENS_3<   >POPENS_6<

(FIN.110)

>FSSI<

FIN.110   Did {you/any family members living here} receive Supplemental Security Income (SSI)?

FR: READ IF NECESSARY:

Federal SSI checks are either automatically deposited in the bank or mailed to arrive on the first of every month. If mailed, they are sent in a blue colored envelope.

(1) Yes   (FIN.120)
(2) No (FIN.150)
(7) Refused   (FIN.150)
(9) Don't know   (FIN.150)

>PSSI<

FR: ASK OR VERIFY. ENTER APPLICABLE LINE NUMBER(S).
ENTER (N) FOR NO MORE AFTER THE LAST NUMBER.

FIN.120   Who in the family received this? (Anyone else?)

FR: INDICATE EACH FAMILY MEMBER WITH THIS INCOME.

>PSSI_1<   >PSSI_4<
>PSSI_2<   >PSSI_5<
>PSSI_3<   >PSSI_6<

>PSSID<   {display names and Line numbers of those listed in PSSI}

FIN.122   Did {you/subject name listed in PSSI} receive SSI because {you/he/she} {have/has} a disability?

(1) Yes (FIN.150)
(2) No (FIN.150)
(7) Refused (FIN.150)
(9) Don't know (FIN.150)

>FTANF<

FIN.150   At any time during {last year in 4 digit format}, even for one month, did {you/any family member living here} receive any CASH assistance from a state or county welfare program, such as (specific program name)?

FR: SHOW FLASHCARD F18. PLEASE DO NOT INCLUDE FOOD STAMPS, SSI, ENERGY ASSISTANCE, OR MEDICAL ASSISTANCE PAYMENTS.

(1) Yes   (FIN.160)
(2) No   (FIN.164)
(7) Refused   (FIN.164)
(9) Don't know   (FIN.164)

>PTANF<

FR: ASK OR VERIFY. ENTER APPLICABLE LINE NUMBER(S).
ENTER (N) FOR NO MORE AFTER THE LAST NUMBER.

FIN.160   Who in the family received this? (Anyone else?)
FR: INDICATE EACH FAMILY MEMBER WITH THIS INCOME.

>PTANF_1<   >PTANF_4<
>PTANF_2<   >PTANF_5<
>PTANF_3<   >PTANF_6<

>FOWBEN<

FIN.164   At any time during {fill year}, did {you/anyone in your family} receive any OTHER kind of welfare
assistance such as help with getting a job, placement in education or job training
programs, or help with transportation or child care?

(1) Yes (FIN.166)
(2) No (FIN.170)
(7) Refused (FIN.170)
(9) Don't know (FIN.170)

>POWBEN<

FR: ASK OR VERIFY. ENTER APPLICABLE LINE NUMBER(S).
ENTER (N) FOR NO MORE AFTER THE LAST NUMBER.

FIN.166   Who received this? (Anyone else?)
FR: INDICATE EACH FAMILY MEMBER WITH THIS INCOME.

>FINTRST<

FIN.170   Did {you/any family members living here} receive income from interest bearing checking accounts,
saving accounts, IRA's or certificates of deposit, money market funds, treasury notes, bonds, or
any other investment that earn interest?
FR: DO NOT INCLUDE DIVIDENDS.

(1) Yes   (FIN.180)
(2) No   (FIN.190)
(7) Refused   (FIN.190)
(9) Don't know   (FIN.190)

>PINTRST<   {Display non-deleted family members}
FR: ASK OR VERIFY. ENTER APPLICABLE LINE NUMBER(S).
ENTER (N) FOR NO MORE AFTER THE LAST NUMBER.

FIN.180   Who received this? (Anyone else?)
FR: INDICATE EACH FAMILY MEMBER WITH THIS INCOME.

>PINTRST_1<   >PINTRST_4<
>PINTRST_2<   >PINTRST_5<
>PINTRST_3<   >PINTRST_6<

(FIN.190)

>FDIVD<

FIN.190   Did {you/any family members living here} receive income from... dividends received from stocks or mutual funds, or net rental income from property, royalties, estates or trusts?

          (1) Yes   (FIN.200)
          (2) No   (FIN.210)
          (7) Refused   (FIN.210)
          (9) Don't know   (FIN.210)

>PDIVD<   {Display non-deleted family members}
          FR: ASK OR VERIFY. ENTER APPLICABLE LINE NUMBER(S).
          ENTER (N) FOR NO MORE AFTER THE LAST NUMBER.

FIN.200   Who received this? (Anyone else?)

          FR: INDICATE EACH FAMILY MEMBER WITH THIS INCOME.

          >PDIVD_1<   **>PDIVD_4<**
          >PDIVD_2<   **>PDIVD_5<**
          >PDIVD_3<   **>PDIVD_6<**

>FCHLDSP<

FIN.210   Did {you/any family members living here} receive income from... child support?

          (1) Yes   (FIN.220)
          (2) No   (FIN.230)
          (7) Refused   (FIN.230)
          (9) Don't know   (FIN.230)

>FCHLDSP<

FIN.220   Who received this? (Anyone else?)

          FR: INDICATE WHICH CHILD IN THE FAMILY THIS INCOME WAS FOR. OR
          ENTER 0 FOR A MEMBER NO LONGER IN THE FAMILY.

          >FCHLDSP1<   **>FCHLDSP4<**
          >FCHLDSP2<   **>FCHLDSP5<**
          >FCHLDSP3<   **>FCHLDSP6<**

>FINCOT<

FIN.230   Did {you/any family member living here} receive income from any other source such as alimony, contributions from family/others, VA payments, Worker's Compensation, or unemployment compensation?

          (1) Yes   (FIN.240)
          (2) No   (FIN.250)
          (7) Refused   (FIN.250)
          (9) Don't know   (FIN.250)

>PINCOT<

              FR: ASK OR VERIFY. ENTER APPLICABLE LINE NUMBER(S).
              ENTER (N) FOR NO MORE AFTER THE LAST NUMBER.

FIN.240   Who received this? (Anyone else?)
              FR: INDICATE EACH FAMILY MEMBER WITH THIS INCOME.

              >PINCOT_1<   >PINCOT_4<
              >PINCOT_2<   >PINCOT_5<
              >PINCOT_3<   >PINCOT_6<

Part B - Amounts and Home Ownership

>FAMINC<

FIN.250   Now I am going to ask about the total combined income {for you/of your family} in {last year in 4 digit format}, including income from all sources we have just talked about such as wages, salaries, Social Security or retirement benefits, help from relatives and so forth. Can you tell me that amount before taxes?
              FR: IF NECESSARY REMIND RESPONDENT THAT TOTAL COMBINED FAMILY INCOME IS THEIR INCOME PLUS THE INCOME OF ALL FAMILY MEMBERS INCLUDING COHABITING PARTNERS AND ARMED FORCES MEMBERS LIVING AT HOME BEFORE TAXES.
              FR: ENTER 999,996 IF THE REPORTED INCOME IS GREATER THAN $999,995.

              (0-999995) 0-$999,995 dollars   (FIN.280)
              (999996) 999,995+ dollars   (FIN.280)
              (999997) Refused   (FIN.260)
              (999999) Don't know   (FIN.260)

>FINC20<

FIN.260   You may not be able to give us an exact figure for your { /total combined family} income, but can you tell me, if your income in {last year in 4 digit format} was ...

              (1) $20,000 or more   (FIN.270)
              (2) Less than $20,000   (FIN.270)
              (7) Refused   (FIN.280)
              (9) Don't know   (FIN.280)
              FR: IF 1, SHOW FLASHCARD F19. IF 2, SHOW FLASHCARD F20.
              READ IF NECESSARY: INCOME IS IMPORTANT IN ANALYZING THE HEALTH INFORMATION WE COLLECT. FOR EXAMPLE, THIS INFORMATION HELPS US TO LEARN WHETHER PERSONS IN ONE INCOME GROUP USE CERTAIN TYPES OF MEDICAL SERVICES OR HAVE CERTAIN CONDITIONS MORE OR LESS OFTEN THAN THOSE IN ANOTHER GROUP.

>FINCCAT<

FIN.270   Of those income groups, can you tell me which letter best represents {your/the total combined FAMILY} income during {last year in 4 digit format}?
FR: ENTER NUMBER CORRESPONDING TO TOTAL COMBINED FAMILY INCOME.

(00) A   (08) I   (16) Q   (24) Y   (32) GG   (40) OO
(01) B   (09) J   (17) R   (25) Z   (33) HH   (41) PP
(02) C   (10) K   (18) S   (26) AA (34) II   (42) QQ
(03) D   (11) L   (19) T   (27) BB (35) JJ   (43) RR
(04) E   (12) M   (20) U   (28) CC (36) KK
(05) F   (13) N   (21) V   (29) DD (37) LL
(06) G   (14) O   (22) W   (30) EE (38) MM
(07) H   (15) P   (23) X   (31) FF (39) NN
(97) Refused
(99) Don't know

>HOUSEOWN<

[if 1 person family, display:]
FIN.280   Is this house/apartment owned, being bought, rented or occupied by some other arrangement by you?
[else, display:]
FIN.280   Is this house/apartment owned, being bought, rented or occupied by some other arrangement by you or someone in the family?

(1) Owned or being bought (FINCCI3)
(2) Rented (FIN.282)
(3) Other arrangement (FINCCI3)
(7) Refused(FINCCI3)
(9) Don't know (FINCCI3)

>FGAH<

FIN.282   {Are/Is}{you/anyone in your family} paying lower rent because the Federal, State, or local government is paying part of the cost?

(1) Yes
(2) No
(7) Refused
(9) Don't know
(Check item FINCCI3)

Part C - Program Participation

Check item FINCCI3 :   If all HH members receive SSI then they should skip over question
FIN.300

>**FSSAPL**<

FIN.300   Have {you/any family members living here} EVER applied for Supplemental Security Income or SSI, { /This includes people who applied for benefits} even if the claim was denied?

(1) Yes   (FIN.310)
(2) No   (FIN.330)
(7) Refused   (FIN.330)
(9) Don't know   (FIN.330)

>**PSSAPL**<

FR: ASK OR VERIFY. ENTER APPLICABLE LINE NUMBER(S).
ENTER (N) FOR NO MORE AFTER THE LAST NUMBER.

FIN.310   Who in the family applied for it? (Anyone else?)
FR: INDICATE EACH FAMILY MEMBER WHO APPLIED FOR SSI BENEFITS

>**PSSAPL_1**<   >**PSSAPL_4**<
>**PSSAPL_2**<   >**PSSAPL_5**<
>**PSSAPL_3**<   >**PSSAPL_6**<

>**FSDAPL**<

FIN.330   Have {you/any family members living here} EVER APPLIED for disability benefits from Social Security, {This includes people who applied for benefits,} even if the claim was denied?

(1) Yes (FIN.340)
(2) No (FINCCI4)
(7) Refused (FINCCI4)
(9) Don't know (FINCCI4)

>**PSDAPL**<

FR: ASK OR VERIFY. ENTER APPLICABLE LINE NUMBER(S).
ENTER (N) FOR NO MORE AFTER THE LAST NUMBER.

FIN.340   Who in the family applied for it? (Anyone else?)
FR: INDICATE EACH FAMILY MEMBER WHO APPLIED FOR SOCIAL SECURITY DISABILITY BENEFITS.

>**PSDAPL_1**<   >**PSDAPL_4**<
>**PSDAPL_2**<   >**PSDAPL_5**<
>**PSDAPL_3**<   >**PSDAPL_6**<

Check item FINCCI3: If persons not in FIN.160 go to FIN.360; Else go to FIN.350

>**TANFMYR**<

FIN.350   Earlier I recorded that {you/subject name} received cash assistance from programs such as welfare or public assistance in {last year in 4 digit format}. During {last year in 4 digit format}, about how many months did {you/Subject name} receive these payments?
FR: IF LESS THAN 1 MONTH, ENTER (1).

(01-11) 01-11 months
(12) 12 months or all
(97) Refused
(99) Don't know

>FFSTIP<

FIN.360 {Were/Was} {you/anyone in the family} authorized to receive food stamps (which includes a food stamp card or voucher, or cash grants from the state for food) at anytime during {last year in 4 digit format}?

FR: AN AUTHORIZED PERSON IS ONE WHOSE NAME APPEARS ON A CERTIFICATION CARD

(1) Yes
(2) No
(7) Refused
(9) Don't know

>PFSTP<

FR: ASK OR VERIFY. ENTER APPLICABLE LINE NUMBER(S).
ENTER (N) FOR NO MORE AFTER THE LAST NUMBER.

FIN.370 Who was authorized to receive Food Stamps? (Anyone else?)
FR: INDICATE FAMILY MEMBERS WHO WERE AUTHORIZED TO RECEIVE FOOD STAMPS

>PFSTP_1<	**>PFSTP_4<**
>PFSTP_2<	**>PFSTP_5<**
>PFSTP_3<	**>PFSTP_6<**

>FSTPMYR<

FIN.380 During {last year in 4 digit format}, about how many months {were/ was} {you/subject name} authorized to receive Food Stamps?
FR: IF LESS THAN 1 MONTH, ENTER (1).

(01-11) 01-11 months
(12) 12 months or all
(97) Refused
(99) Don't know

Check item FINCCI4 : If anyone in HH with SEX eq <2> and AGE eq <12-55> OR if child in HH   AGE eq <0-5> goto FINWIC; Else goto end of section.

>FINWIC<

FIN.384 At any time during {last year in 4 digit format} did {you/anyone in our family} receive benefits from the WIC program, that is, the Women, Infants and Children program?

(1) Yes
(2) No
(7) Refused
(9) Don't know

>PWIC<

> **FR: ASK OR VERIFY. ENTER APPLICABLE LINE NUMBER(S).**
> **ENTER (N) FOR NO MORE AFTER THE LAST NUMBER.**

FIN.385   Who in the family received this? (Anyone else?)
**FR: INDICATE FAMILY MEMBERS WHO WERE AUTHORIZED TO RECEIVE WIC
BENEFITS**

>**PWIC_1<**   >**PWIC_4<**
>**PWIC_2<**   >**PWIC_5<**
>**PWIC_3<**   >**PWIC_6<**